

**OFFICE OF PENSIONS
DENTAL COVERAGE TERMINATION FORM**

Dental elections are “Binding Elections.” You may only enroll, change, or terminate your dental insurance coverage during the annual benefit reopening period, or within 30 days of a qualifying event.

Name: _____

SS# or Empl ID: _____

I wish to cancel my dental insurance offered through the Delaware Public Employees’ Retirement System during the annual benefit reopening period to become effective July 1, 20____.

Circle Company: Delta Dental or Dominion Dental Services, Inc.

Pensioner’s Signature

Date

Phone Number