

MATAWAN ABERDEEN REGIONAL SCHOOL DISTRICT 2022/2023 DENTAL ELECTION FORM

ALL EMPLOYEES MUST complete and return this form to the Personnel Office by the Open Enrollment deadline.

I am currently enrolled in the **Delta Dental PPO** plan and would like to **KEEP it**. (No action required other than completing and returning this form.)

I am currently enrolled in the **Delta Dental Premier Plan** and would like to **KEEP it**. (Action required: complete the Delta Dental Salary Reduction Agreement and submit with this form.)

I am currently enrolled in the **Delta Dental PPO** plan and would like to **MOVE** to the **Delta Dental Premier Plan**. (Action required: complete the Delta Dental Salary Reduction Agreement, and submit this form.)

I am currently enrolled in the **Delta Dental Premier Plan** and would like to move to the **Delta Dental PPO Plan**. (Action required: Submit this form.)

I am NOT currently enrolled in the district dental plan and would like to enroll at this time. (Actions required - complete the Delta Dental Enrollment Request form. Depending on the chosen plan, you may need to also complete the Delta Dental Salary Reduction Agreement, and complete this form.)

I want to WAIVE dental benefits offered by the district. (Actions required: complete the district waiver form, and this form.)

Employee Name (please print) _____ Date _____