DELTA DENTAL

Enrollment Form

Delta Dental of Massachusetts
P.O. Box 9695
Boston, MA 02114-9695
Customer Service: 617-886-1234 Toll Free (800) 872-0500
Corporate Office: 617-886-1000 MA & NATL Toll Free (800) 451-1249
Fax Number: 617-886-1293 WWW.Deltadentalma.com

PLEASE PRINT OR TYPE – BE SURE FORM IS COMPLETE IN FULL TO ENSURE ENROLLMENT

Group Number: 012314-		Group Name: Town of Arlington				
1. Employee Last Name	2. First Name	3. Social Security No.	4. Date of Birth		5. Marital Status Single Married Divorced	
6. Home Address		7. City	8. State	9. Zip Code	10. Hire Date	11. Effective Date

PLAN SELECTION

12. Plan: Select dental plan you are enrolling in: Please check off sub-location:

() Plan 1: Low Option Delta PPO Plus Premier Voluntary - $42.20/$99.07 () Active 9904 () Retire 9905 () Cobra 9906

() Plan 2: High Option Delta PPO Plus Premier Voluntary - $58.51/$137.34 () Active 9901 () Retire 9902 () Cobra 9903

PLEASE LIST ALL ELIGIBLE DEPENDENTS COVERED UNDER YOUR DENTAL POLICY

13. First Name	14. Last Name	15. Date of Birth	16. Sex (M/F)	17. Check if dependent is over 19 and full time student
Spouse				
Children				

18. **Reason for Submission:**

__ New Addition- __Individual __Family __ Status Change- __Individual __Individual +1 __Family

__ Termination __ COBRA- __Low Plan 9906 __High Plan 9903

__ Demographic Change

__ Subgroup Transfer

19. **Coordination of Benefits:**

Are __You or __ Any other family member covered by another dental plan? __Yes __No

If yes, please indicate name of covered individuals:

I CERTIFIED THAT ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ALSO, I UNDERSTAND THAT THE EFFECTIVE DATE AND TERMINATION DATE OF MY MEMBERSHIP WILL BE TERMINDATED BY MY EMPLOYER OR PLAN SPONSOR. IF MY EMPLOYER OF PLAN SPONSOR REQUIRED EMPLOYEE CONTRIBUTIONS FOR THIS COVERAGE I AUTHORIZED THE DEDUCTIONS OF THESE AMOUNTS FROM MY WAGES ON A PRETAX BASIS. I UNDERSTAND THAT MY DEPENDENTS MUST REMAIN ENROLLED AND BE DROPPED ONLY DURING CONTRACT REOPENING, EXCEP IN THE EVENT OF FAMILY STATUS CHANGE.

Subscriber Signature _____ Date _____ Benefit Administrator Authorization _____ Date _____

Town of Arlington
869 Massachusetts Avenue
Arlington, Massachusetts 02476

TO: **All Employees of the Arlington Public Schools**

FROM: **Superintendent of Schools**

PRE-TAX INSURANCE PREMIUM
PAYMENT ELECTION FORM

Under *Section 125 of the IRS regulations you can choose to have your insurance premiums, paid through your payroll deductions, pre-taxed. If you choose to have your premiums taken pre-taxed this can result in significant tax savings. Please make your selection and return this form to the Payroll Department.

I **AUTHORIZE** the Payroll Department to deduct an amount equal to the insurance premium I contribute for each pay period and I understand this amount will be withheld from my check on a **pre-taxed basis**.

I have chosen **NOT** to have my premiums taken on a pre-tax basis.

If the payroll office does not receive this form with your packet, you will automatically have your premiums taken **AFTER TAXES**. You have the option of changing this at any time.

Please keep in mind if you choose the pre-taxed option all insurance premiums will be taken pre-taxed. If you choose to have a deduction post-tax (i.e. disability premium) and you are having all other premiums taken pre-taxed, you would need to specify having your disability premium taken post tax. We can accommodate this situation without issue.

_____ _____
Employee Name (please print) Social Security Number

_____ _____
Employee Signature Date

* Under current law, individual taxpayers with medical expenses / premiums may deduct them when filing their annual, itemized tax return (Form 1040). These medical expenses are reported on Schedule A. If you are like most people who attempt to take this deduction, you know that only amounts which exceed 7.5% of your Adjusted Gross Income are deductible. Under Tax Flex 125 you can have the full insurance premium tax exempt. This benefit can be realized through your employer sponsored plan. It is not available to you as an individual taxpayer.