



Retiree Delta Dental Enrollment/Change Form

Open Enrollment: April 29 - May 17, 2024 (Changes Effective July 1, 2024)

Return your completed form by May 17, 2024

Instructions: Complete this form if you are making changes to your dental coverage for Open Enrollment. If you are not making any changes, do not complete this form as no action is required.

Retiree Name:	SSN Last 4:	Date of Birth (MM/DD/YY):
Mailing Address:	City:	State, Zip:
Main Phone:	Email Address:	

Type of Change: <input type="checkbox"/> Enroll in Coverage / Change Plans <input type="checkbox"/> Add Dependents <input type="checkbox"/> Remove Dependents <input type="checkbox"/> Cancel Coverage	Plan Selection: <input type="checkbox"/> Delta Dental Standard <input type="checkbox"/> Delta Dental Enhanced	Level of Coverage: <input type="checkbox"/> Retiree only <input type="checkbox"/> Retiree + Spouse <input type="checkbox"/> Retiree + Child(ren) <input type="checkbox"/> Family
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Please indicate any changes impacting your eligible dependents below:

<input type="checkbox"/> Add <input type="checkbox"/> Remain <input type="checkbox"/> Remove	Spouse Name:	SSN:	Date of Birth (MM/DD/YY)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Add <input type="checkbox"/> Remain <input type="checkbox"/> Remove	Dependent Name:	Relationship to Retiree:	SSN:	Date of Birth (MM/DD/YY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Add <input type="checkbox"/> Remain <input type="checkbox"/> Remove	Dependent Name:	Relationship to Retiree:	SSN:	Date of Birth (MM/DD/YY)	<input type="checkbox"/> Male <input type="checkbox"/> Female

Required Documentation:

For any dependents being added to a dental plan, please return documentation of relationship status with your enrollment form. Please note, this is not a complete list. You can view the entire list by going to arlingtonva.us/retirement

Dependent:	Required Documentation:
Spouse (Note: common law spouses and domestic partners are ineligible)	<ul style="list-style-type: none"> First and last page of most recent federal tax return if filing <u>jointly</u> OR First and last page of most recent federal tax return if filing <u>separately</u> AND government-issued marriage certificate
Child under age 26	<ul style="list-style-type: none"> Government-issued birth certificate OR Hospital-issued birth certificate/letter (for child up to two months old)
Stepchild of your current marriage	<ul style="list-style-type: none"> Government-issued birth certificate AND Most recent federal tax return if filing <u>jointly</u> OR Most recent federal tax return if filing <u>separately</u> AND government-issued marriage certificate

Retiree Certification: *The information provided above is true to the best of my knowledge. I agree to provide required documentation in order to verify my relationship with eligible dependents covered on the insurance plan.*

Retiree's Signature: _____

Date: _____

RETURN COMPLETED FORM TO

Email: benefits@arlingtonva.us / Address: HR-Benefits, 2100 Clarendon Blvd, Suite 511, Arlington, VA 22201 / Fax: (703) 228-3265