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## CUPE 3906 DENTAL PLAN OPT-OUT AUTHORIZATION

Please complete the following and attach any necessary proof of coverage.

Name (please print)			<b>CHANGE OF STATUS FORMS MUST BE COMPLETED EVERY YEAR.</b>
Student Number	Employee Number		
Department			
Date			
E-mail			

### Option 1 - Opting out of the Dental Plan because of Spousal coverage

Whereas I have dental benefits already provided through my spouse's dental plan, I wish to opt out of participation in and coverage under the CUPE Dental Plan. I understand that in order for me to opt out, I must provide, from my spouse's employer, proof that I am covered under his/her dental plan, a copy of which is attached to this application. Documentation **MUST** be provided each year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Option 2 - Opting out of the Dental Plan because of Other coverage (i.e. Parental)

Whereas I have dental benefits already provided through another dental plan, I wish to opt out of participation in and coverage under the CUPE Dental Plan. I understand that in order for me to opt out, I must provide proof that I am covered under this other dental plan, a copy of which is attached to this application. Documentation **MUST** be provided each year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### IMPORTANT

If you are considering opting out, be aware that this form **MUST** be completed and returned to the CUPE 3906 Office (Wentworth House, B108) by September 11, 2009 to opt out for September. Opt-outs received by September 30 will take effect on October 1. *No opt-outs are permitted after September 30.*

**PLEASE NOTE:** Your signature on this form confirms that the documentation which accompanies it is accurate and meets the above criteria.

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