



Delta Dental Plan of Kentucky

Taylor Made Sales Agency / Taylor Made Stallions - 694790

**EMPLOYEE'S
NAME**

LAST

FIRST

MIDDLE

EMPLOYER'S NAME

I AM ALREADY PROTECTED BY THE CONTRACT OF MY:

☐ HUSBAND

☐ WIFE

☐ PARENT

☐ NONE

**THROUGH HIS/HER PLACE OF EMPLOYMENT (GIVEN NAME)
WHOSE CARRIER IS:**

☐ DELTA DENTAL PLAN OF KENTUCKY (GIVE CERTIFICATE NO.)

☐ OTHER CARRIER (GIVE NAME)

I, the undersigned, an employee of the above named employer hereby certify that I have been given an opportunity to apply for Delta Dental Plan of Kentucky/Dental Choice Coverage, as offered by said employer, and after careful consideration, have decided not to take advantage of this offer.

It is my understanding, that in the event I wish to apply for such benefits thereafter, I may do so, only during regular reopening periods of the group or after a qualifying event.

~~EMPLOYEE'S NAME~~ Employee's Name

CURRENT DATE

WITNESS SIGNATURE