

California Institute of Technology Student Dental Plan 2009 – 2010 Waiver Form



You may waive the Caltech Student Dental Plan only if you have alternative dental insurance.

To waive the Caltech Plan, please complete all sections below, and **return your completed form to the Caltech Benefits Office by August 31, 2009:**

On campus at 399 South Holliston **By mail** at 1200 East California Boulevard, M/C 161-84, Pasadena, CA 91125

If you do not submit this form to the Benefits Office by August 31, 2009, you automatically will be enrolled in the Caltech Student Dental Plan effective October 1, 2009, and the annual premium fee of \$62 will be charged to your student account.

1. Student Information

Name:		DOB:	
Caltech UID:	Telephone:	Email:	
Address:			
City:	State:		ZIP:

2. Waiver Agreement and Signature

I am declining coverage in the Caltech Student Dental Plan because I currently have alternative dental insurance (through a parent, spouse, private insurance or other source). I understand that by declining the Caltech Student Dental Plan at this time, I may **not** enroll during the academic year unless I can show proof that I lost eligibility for my other dental coverage. If that happens, I must submit a Dental enrollment form to the Caltech Benefits Office within 31 days of the loss of other coverage — otherwise, I may not enroll until the next academic year.

Signature

Date