ARLINGTON
VIRGINIA

Arlington County Government – Retiree Health Insurance Plan

Delta Dental Insurance Enrollment/Change Form

Open Enrollment: **May 6 - 24, 2019 (Changes Effective July 1, 2019)**

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

Type of Change:	**Plan Selection**
☐ Change Plans ☐ Add Dependents ☐ Cancel Coverage ☐ Cancel Dependents	☐ Delta Dental Standard ☐ Delta Dental Premium

Please indicate changes impacting your eligible dependents below:

☐ Add ☐ Cancel	Spouse Name:		SSN	Date of Birth (MM/DD/YY)
☐ Add ☐ Cancel	Dependent Name:	Relationship to Retiree:	SSN	Date of Birth (MM/DD/YY)
☐ Add ☐ Cancel	Dependent Name:	Relationship to Retiree:	SSN	Date of Birth (MM/DD/YY)
☐ Add ☐ Cancel	Dependent Name:	Relationship to Retiree:	SSN	Date of Birth (MM/DD/YY)

Retiree Certification: *The information provided above is true to the best of my knowledge.*
If requested, I agree to provide a marriage certificate, my most recent federal tax filing (first page and signature page only), and/or birth certificate(s) in order to verify my relationship with eligible dependents covered on the insurance plan.
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Retiree's Signature: Date:

Email your documents to: HRdocs@arlingtonva.us
Mail your documents to: Benefits, Arlington County Human Resources,
2100 Clarendon Blvd. Ste 511, Arlington, VA 22201