

Full Time Faculty & Full Time Administrative Staff

Dental Insurance Waiver

On this _____ day of _____ 200_, I _____ do hereby elect to waive dental insurance coverage provided by Barnard College in contractual agreement with Aetna. I understand my waiver of coverage at this time will subject me to the late entrant penalties outlined below should I enroll in the plan at any subsequent open enrollment period.

However, if I have dental coverage under a spouse's or partner's plan, I understand that I may terminate this waiver and elect coverage if there is a change in my spouse's or partner's employment status that results in a loss of coverage. I must elect such coverage within 31 days of my spouse's loss of coverage.

Late Entrant Penalties

All late entrants, whether employee or dependents, will be subject to the following benefit limitations:

- Dental care (excluding Orthodontics) for the first year of coverage benefits will be limited to Preventive services and some Basic services and for care necessitated by accidental injuries sustained while insured.
- Orthodontic Coverage – benefits will not apply to charges incurred for an orthodontic procedure for which an active appliance is installed before the patient is covered for two years.

The benefit limitations described above will not apply:

- To children younger than age 5 at the time the parent enrolls
- To a dependent who enrolls in the plan within 31 days of loss of coverage under a plan held by a spouse.

Signed _____
Employee

Agreed _____
Benefits Manager