



# Somerset and Somerset Berkley Regional School Districts

*All Students Achieving Excellence*

---

## **ALTUS DENTAL BENEFIT DECLINATION FORM**

I hereby certify that I have been given an opportunity to participate in the Altus Dental benefit offered by the Town of Somerset with coverage in Altus Dental.

I understand this opportunity and decline to participate in this program. By signing below, I will not be able enroll until Open Enrollment or a qualifying event takes place.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Are you covered under a group plan with another carrier?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes: Company Name \_\_\_\_\_

Carrier \_\_\_\_\_