

**OFFICE OF PENSIONS  
DENTAL COVERAGE TERMINATION FORM**

**Dental elections are “Binding Elections.”**

**You may only terminate your dental insurance coverage during the annual benefit reopening period.  
You may enroll in or make changes to your coverage within 30 days of a qualifying event.**

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

**SS# or Employee ID:** \_\_\_\_\_

**I wish to cancel my dental insurance offered through the Delaware Public Employees’ Retirement System during the annual benefit reopening period to become effective July 1, 20\_\_\_\_\_.**

**Circle Company: Delta Dental OR Dominion Dental Services, Inc.**

\_\_\_\_\_  
**Pensioner’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone Number**

**By signing this form I understand that I can only re-enroll during the annual benefit re-opening period or within 30 days of a qualifying event.**

**Please return this form to the Office of Pensions by mail or by fax to the address or fax number below:**

**Office of Pensions  
McArdle Building  
860 Silver Lake Blvd., Ste 1  
Dover, DE 19904-2402  
FAX # - 302-739-6129**