

City of Tallahassee Guardian Dental Retiree Member Status Change Form

Employee Number	Last Name	First Name

Please change my current dental plan to:	
	Plan A – PPO
	Plan B – PPO
	Plan C - PPO

Please delete the following dependents from my dental plan:		
Relationship	Last, First Name	Date of Birth
Spouse		
Child		
Child		
Child		

I hereby authorize any payroll deduction that may be required towards the cost of this coverage.

	Please cancel coverage for myself and all dependents (if any).
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Signature

Date