



Confirmation of Dental Carrier Choice

This letter confirms your dental carrier choice. This means that you will have coverage from a different dental carrier than the one that was assigned to you when you enrolled in the Dental Wellness Plan (DWP) or Dental Wellness Plan Kids (DWP Kids) Program. Your dental coverage with a new carrier begins **<Effective Date>**. You may contact your new dental carrier at the phone number below for more information about your benefits.

You have until **<90 Day Choice End Date>** to change your dental carrier for any reason. After that you may change your dental carrier during your Annual Choice Period or throughout the year for reasons of Good Cause.

ID Number	Member Name	Dental Carrier	Dental Carrier Phone
<0000000X>	<MEMBER NAME>	<Dental Carrier>	<###-###-####>
<0000000X>	<MEMBER NAME>	<Dental Carrier>	<###-###-####>
<0000000X>	<MEMBER NAME>	<Dental Carrier>	<###-###-####>
<0000000X>	<MEMBER NAME>	<Dental Carrier>	<###-###-####>
<0000000X>	<MEMBER NAME>	<Dental Carrier>	<###-###-####>
<0000000X>	<MEMBER NAME>	<Dental Carrier>	<###-###-####>
<0000000X>	<MEMBER NAME>	<Dental Carrier>	<###-###-####>
<0000000X>	<MEMBER NAME>	<Dental Carrier>	<###-###-####>
<0000000X>	<MEMBER NAME>	<Dental Carrier>	<###-###-####>
<0000000X>	<MEMBER NAME>	<Dental Carrier>	<###-###-####>