

## MOODY BIBLE INSTITUTE DENTAL PLAN WAIVER FORM

This is to certify I have been given the opportunity to examine Moody's group dental benefits available to me and to apply through my Moody and I have decided **NOT** to apply for the group dental benefits for:

Myself                       My Dependents

I am waiving coverage at this time because I have coverage under another dental plan:       Yes    No

If yes, please provide the following information in the boxes below:

Name of Insured Person	Birth Date	Employer/Sponsor for Other Insurance
Other Insurance Company	Address	
		Plan Number

I further understand, if in the future I decide to apply for group dental benefits, additional limitations and waiting periods may apply.

PLEASE PRINT: Employee Name (First, Initial, Last)	Social Security
Employee Signature for Refusal	Date