The University of Vermont
Human Resource Services

EmplID:

Waiver of Dental Coverage

Name:
Last First

Birth Date:

Hire Date:

Work Phone:

Effective Date:

☐ Check here if your spouse or civil union partner is an employee of UVM

☐ Check here if you are employed by and have medical coverage through UVMMC

Name and Age of Other Dependents:

I understand that I will **not** be allowed to change this election until the next annual open enrollment unless there is a change in my family status as defined by the IRS and described in the FSA Summary

[redacted]

Sworn Signature:

Date:

Updated October 2016