



## DENTAL PLAN ELECTION FORM

<b>PRIMARY MEMBER</b>		
LAST NAME	FIRST NAME	
STREET		
CITY	STATE	ZIP
PHONE	ID #	
<b>DATE OF STATUS CHANGE 7/1/07</b>		
<b>TYPE OF STATUS CHANGE/REASON FOR CHANGE</b>		
<p><b>Dental Open Enrollment – One-time opportunity to elect dental if not selected at initial enrollment. Either Premier or Preferred PPO Plan are available.</b></p> <p><input type="checkbox"/> Adding new dental plan offering, Premier Dental</p> <p><input type="checkbox"/> Adding new dental plan offering, Preferred PPO Dental</p> <p><b>I understand that I have a one-time opportunity to add a dental plan to my medical plan with ODS with the change effective July 1, 2007 only. I understand that the dental enrollment must match my medical enrollment, therefore, I cannot add family members for dental-only, or choose between family members for dental coverage. I will be billed for the addition of this coverage to my medical plan.</b></p> <p><b>I am electing this change by indicating above, signing, and returning this change request to ODS with premium by June 20, 2007. If this form is not executed and returned to ODS in this manner and timeframe, I will not have an opportunity to add dental later.</b></p>		
<b>SIGNATURE</b>		<b>DATE</b>

Oregon  
Dental  
Service  
Dental  
Insurance

—  
**ODS**  
Health  
Plan, Inc.  
Medical  
Insurance

—  
**The ODS Companies**  
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Portland, OR 97240.0384  
Phone: 503.228.6554  
www.odscompanies.com

If the change request is not received by ODS prior to June 20, 2007, you will forfeit your one-time opportunity to add dental to your medical plan.