



New Horizons

REGIONAL EDUCATION CENTER
520 Butler Farm Road Hampton, Virginia 23666-1500
Phone: (757) 766-1100 Fax: (757) 865-8329

HUMAN RESOURCES

Date: _____

WAIVER OF DENTAL COVERAGE

Full Name of Employee _____

My employer, New Horizons, has given me an opportunity to apply for dental coverage for myself and/or my dependents. I have declined to apply for coverage. I understand that if I decide to apply for dental coverage for myself and/or my dependents at a later date (unless a major life change event has taken place within the prior 30 days) neither my dependents nor I will be eligible for coverage until New Horizon's next annual enrollment. I understand that New Horizons provides dental coverage for full time employees at not cost to the employee.

Employee Signature in Ink

Date

This form must be returned to Human Resources by noon
on: _____