

Palos Verdes Peninsula Unified School District
DENTAL and VISION
for
Jan.1, 2020 through Dec. 31, 2020

Return Form by 10/04/19

Social Security # **Employee Name (Print)** **Work Site**

_____ **A.** I wish to **ADD dependent(s)** listed below to **Dental and/or Vision.**

Plan _____	Name _____	DOB _____
Plan _____	Name _____	DOB _____
Plan _____	Name _____	DOB _____
Plan _____	Name _____	DOB _____
Plan _____	Name _____	DOB _____

_____ **B.** I wish to **DELETE dependent(s)** listed below to **Dental and/or Vision.**

Plan _____	Name _____	DOB _____
Plan _____	Name _____	DOB _____
Plan _____	Name _____	DOB _____
Plan _____	Name _____	DOB _____
Plan _____	Name _____	DOB _____

Remember to include **Social Security Numbers** and copies of **Birth Certificates/Marriage Certificates** if you dependents have not been previously covered and the information is on file with the district.

Signature

Date