LINDSEY WILSON COLLEGE
PARAMOUNT DENTAL CHANGE FORM
FOR PLAN YEAR 2024

I hereby elect the following dental plan for the 2024 plan year.

☐	Single Core Plan MO	$15.78
☐	Single Buy Up Plan MO	$25.19
☐	Family Core Plan MO	$57.33
☐	Family Buy Up Plan MO	$95.68
☐	EE + Spouse Core Plan MO	$34.76
☐	EE + Spouse Buy Up Plan MO	$56.80
☐	EE + Child(ren) Core Plan MO	$38.27
☐	EE + Child(ren) Buy Up Plan MO	$62.33

☐	Single Core Plan BW	$7.89
☐	Single Buy Up Plan BW	$12.60
☐	Family Core Plan BW	$28.67
☐	Family Buy Up Plan BW	$47.84
☐	EE + Spouse Core Plan BW	$17.38
☐	EE + Spouse Buy Up Plan BW	$28.40
☐	EE + Child(ren) Core Plan BW	$19.14
☐	EE + Child(ren) Buy Up Plan BW	$31.17

☐ I waive participation in the 2024 dental insurance plan year.

_____ _____
Print Name Employee L#

_____ _____
Signature Date