LINDSEY WILSON COLLEGE
PARAMOUNT DENTAL CHANGE FORM
FOR PLAN YEAR 2025

I hereby elect the following dental plan for the 2025 plan year.

☐	Single Core Plan MO	$16.57
☐	Single Buy Up Plan MO	$26.45
☐	Family Core Plan MO	$60.20
☐	Family Buy Up Plan MO	$100.46
☐	EE + Spouse Core Plan	$36.50
☐	EE + Spouse Buy Up Plan MO	$59.64
☐	EE + Child(ren) Core Plan	$40.18
☐	EE + Child(ren) Buy Up Plan	$65.45

☐	Single Core Plan BW	$8.29
☐	Single Buy Up Plan	$13.23
☐	Family Core Plan BW	$30.10
☐	Family Buy Up Plan	$50.23
☐	EE + Spouse Core Plan	$18.25
☐	EE + Spouse Buy Up Plan BW	$29.82
☐	EE + Child(ren) Core Plan BW	$20.09
☐	EE + Child(ren) Buy Up Plan	$32.73

☐ I waive participation in the 2025 dental insurance plan year.

_____ _____

Print Name Employee L#

_____ _____

Signature Date