

**TOWN OF SOMERSET**

**ALTUS DENTAL AND VISION BENEFIT DECLINATION FORM**

I hereby certify that I have been given an opportunity to participate in the Altus Dental and Vision benefits offered by the Town of Somerset.

I understand this opportunity and decline to participate in one or both benefits of this program. By signing below, I understand that I will not be able to enroll until Open Enrollment or a qualifying event takes place.

I am declining **Altus Dental Plan** at this time.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Signature: \_\_\_\_\_

I am declining **Altus Vision Plan** at this time.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Signature: \_\_\_\_\_