



**ENROLLMENT FORM FOR DELTA DENTAL BUY UP PLAN
\$2,500 MAXIMUM BENEFIT PER COVERED PERSON PER PLAN YEAR**

PRINT NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (_____) _____

EMAIL: _____

_____ I elect to enroll in the Delta Dental Buy Up Plan effective January 1, 2019 and will pay the additional premiums for this coverage.

RETIREE SIGNATURE: _____ DATE: _____

Return completed form by October 31, 2018 to:

Frederick County Public Schools
Benefits Department
191 South East St.
Frederick, MD 21701

Contact the following if you have questions:

FCPS Benefits Staff:

Doris Toms
301-644-5052

Delta Dental:

1-800-932-0783