



Memorandum

To: ALL TEAM MEMBERS ELIGIBLE FOR HEALTH INSURANCE
From: So Cal Dental Partners Corporate
Date: May 20, 2020
Regarding: HEALTH INSURANCE OPEN ENROLLMENT 2020/2021

I acknowledge that I currently have no changes to my health insurance coverage. I understand that during open enrollment until June 5th, 2020 is the only time I can make changes to my coverage for June 1st 2020 until May 31st 2021, unless a life changing event occurred.

I HAVE READ AND UNDERSTAND THE ABOVE NOTICE AND I HAVE NO CHANGES

Print name

Sign

Date