

M e m o r a n d u m

To: New Bargaining Unit 1, 4 & 12 Employees **Date:** July 1, 2015

From: **Department of Alcoholic Beverage Control**
Human Resources

Subject: **Dental Enrollment Restriction**

As a newly hired represented employee in Bargaining Unit 1, 4 & 12, you are required to select your dental plan coverage from one of the State-sponsored prepaid dental plans for the first 24 months of State employment. At the end of the 24 months period, you have 60 days to elect coverage by the State’s indemnity plan, DeltaPremier or the DeltaPreferred Option (DPO) plan.

It is your responsibility to initiate a request to be moved into the indemnity dental plan within 60 days from the date you complete your initial 24 months period. If you do not opt to change plans at that time, you may do so only during the next open enrollment period (generally during the month of September); to be effective January of the following year.

All of the prepaid dental plans require employees to go to assigned dental provider. If for some reason there are no prepaid dental plan dentists available within a 50 mile radius of your residence, consideration will be given by the Department of Personnel Administration to a request to allow you to enroll in the State-sponsored indemnity plan, DeltaPremier, prior to completion of 24 months of State service.

If you have any questions regarding this information, please contact Human Resources at (916) 419-2557.

Please sign and date below, retain a copy for your files, and return this signed memo to Human Resources.

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I HAVE READ AND UNDERSTAND THE ABOVE DENTAL ENROLLMENT RESTRICTION MEMO FOR NEWLY HIRED EMPLOYEES.

Date _____

Name (Type or Print)

Signature