



DIRECT DENTAL PLANS OF AMERICA, INC.
11178 Huron St. Ste 3 Northglenn, CO 80234
303-457-9794 or 800-377-2924 Fax: 303-457-6956

REJECTION OF PLAN CONSENT

I, _____, have been given the opportunity to participate in the Direct Dental Plans of America, Inc., being offered through my employer. It is my decision:

- NOT to cover myself, spouse and children
- NOT to cover my spouse and children

It is further understood that if my employer is contributing towards this benefit that I will not be entitled to receive any moneys in lieu of non-participation.

SIGNED _____ DATE _____