



Date

Delta Dental of Virginia
4818 Starkey Road
Roanoke, VA 24018-8542
(540) 989-8000 (800) 237-6060

Name
Address
City, State, Zip

Subscriber Reference #
Re: Dependent Name:
Date of Birth:
Group Number:

Dear Name:

Our records indicate that this dependent has reached the maximum age to be covered as a dependent under your dental policy. Coverage for this dependent will terminate effective <PROJECTED_TERM_DATE>.

The removal of this dependent from your dental policy may result in a change in your coverage type and a lower monthly premium. Please contact your Benefits office regarding how this change may affect any applicable payroll deductions.

If you have any questions, please contact our Benefit Services Department at 540-989-8000 or 800-237-6060.

Thank you for your prompt attention to this matter.