



NOTIFICATION OF GROUP INSURANCE DENTAL POLICY CHANGE

416000000
John Doe
123 Main Street
Anywhere, IL 11111

Dear Member:

Effective October 1, 2009, retirees and survivors of the State Employees' Group Insurance Program will be charged the same monthly premium for dental benefits as active State employees are charged. Accordingly, the monthly premium amount you will owe for the current plan year is \$11.00 for member only coverage, \$17.00 for the member plus one dependent coverage, or \$19.50 for the member plus two or more dependents.

As an affected member of this change, you will be given the option to continue enrollment in the dental plan, or you may waive the dental coverage with an effective date of October 1, 2009. Waiving the coverage will terminate all dental coverage for yourself and any dependents.

Please indicate your election on the back of this letter and return it to your retirement system by September 18, 2009. *If you do not return this form by the due date, the retirement system will assume you want to continue your dental coverage and begin deducting the premium from your October 2009 monthly benefit/annuity check.*

Elections to waive dental coverage after the September 18, 2009, deadline will not be honored. Furthermore, the election you make, by choice or default, will remain in place until the next annual Benefit Choice Period.

Please contact your retirement system's Group Insurance Representative as indicated on the election form if you have any questions about this policy change.

State of Illinois
Group Insurance Division