



# Dental Benefits

Westminster College's dental benefits are currently provided by MetLife.

You can check out the dental network here:

<http://www.metlife.com/Applications/Corporate/WPS/CDA/PageGenerator/0,1674,P2718,00.html>

Here is the detailed benefit summary that describes your dental benefits:

[/pdf/human\\_resources/Dental\\_Summary\\_2010.pdf](/pdf/human_resources/Dental_Summary_2010.pdf)

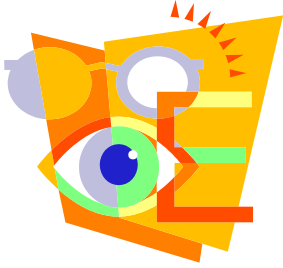
Here is your dental coverage certificate:

[/pdf/human\\_resources/106654 - Westminster College - CERT 2 \(DENT. BEN. BKLT 07-01-04\).pdf](/pdf/human_resources/106654_-_Westminster_College_-_CERT_2_(DENT._BEN._BKLT_07-01-04).pdf)

**If you wish to enroll in the Westminster College dental plan, or add/delete dependents,** please complete this form:

[/pdf/human\\_resources/Enrollment-Change Form - Medical, Dental, Vision, Flex, Beneficiary Designation.pdf](/pdf/human_resources/Enrollment-Change_Form_-_Medical,_Dental,_Vision,_Flex,_Beneficiary_Designation.pdf)

**If you wish to waive dental coverage at this time,** please complete the top portion of the above enrollment form, check that you are waiving dental coverage, then sign and date where indicated.



# Voluntary Vision Benefits

Westminster College's Vision benefits are currently provided by EyeMed. You pay the premium for this voluntary coverage through payroll deduction.

You can check out the vision network here:

<https://www.eyemedvisioncare.com/memweb/ProviderLocator>

Here is a quick overview of your vision benefits & costs:

[/pdf/human\\_resources/Vision Plan Benefit and Cost Summary.pdf](/pdf/human_resources/Vision%20Plan%20Benefit%20and%20Cost%20Summary.pdf)

Here is the detailed benefit summary that describes your vision benefits:

[/pdf/human\\_resources/EyeMed Vision Benefit Summary 07-01-2007.pdf](/pdf/human_resources/EyeMed%20Vision%20Benefit%20Summary%2007-01-2007.pdf)

**If you wish to enroll in the Westminster College vision plan, or add/delete dependents, please complete this form:**

[/pdf/human\\_resources/Enrollment-Change Form - Medical, Dental, Vision, Flex, Beneficiary Designation.pdf](/pdf/human_resources/Enrollment-Change%20Form%20-%20Medical,%20Dental,%20Vision,%20Flex,%20Beneficiary%20Designation.pdf)

**If you wish to waive vision coverage at this time,** please complete the top portion of the enrollment form, check that you are waiving vision coverage, then sign and date where indicated.