

# Personnel Department



**Jennifer Mascarenas**  
**Personnel Officer**  
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Erica Sadowski- Personnel Technician/Deputy  
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Bridget Moran- Personnel Clerk

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## 2021 SOLSTICE DENTAL CANCELLATION FORM

Please cancel my Solstice Dental coverage effective \_\_\_\_\_. I understand that if I request coverage at a later date that late entrant penalties may apply.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date