



DELTA DENTAL
PO BOX 30416
LANSING, MI 48909-7916

Client Name: **LLPS, INC.**



000000001730

**MICHAEL BISHOP
8607 CARLSBAD LANE
LANSING, MI 48917**

Client Number: 5175

Child Age Limit: 19

Maximum Age Limit: 24

Coverage Ends as of: **END OF CALENDAR**

Termination Date: 01/01/2019

DATE: 10/31/2018

Dear Subscriber:

SUBJECT: NOTIFICATION OF PENDING CHANGE IN DEPENDENT ELIGIBILITY

Dependent Name: **MARISA**

Dependent DOB: 04/22/1994

Our records indicate that the above named dependent will soon reach or has already reached the maximum dependent age for coverage under your group dental plan. **Your dependent will be removed automatically from the plan** as of the date of ineligibility unless we receive the proper certification that qualifies the dependent to remain eligible for coverage.

Your dependent is over the maximum age allowed under your group dental plan. If your dependent is incapable of self-support due to a physical/mental handicap that occurred before they reached that age, you must contact your benefits administrator to continue coverage.

If you have questions about the maximum dependent age for your dental plan, please refer to your Summary of Benefits or contact your benefits administrator.

Oral health is an important part of overall health and we thank you for your enrollment.

Sincerely,

DELTA DENTAL PLAN OF MICHIGAN