***(This letter should be on the policyholder’s letterhead and signed by the individual with decision making authority for the plan)***

**Ameritas Life Insurance Corp**

**475 Fallbrook Blvd**

**Lincoln, NE 68521**

**RE: Intent to Elect COVID Relief**

**Dear**

**This letter is to confirm *PLANHOLDER’S* intent to opt in for the deductible, exam and cleanings frequency waiver. This will encourage our members to obtain access to dental care after the COVID pandemic. We understand that this is for deductibles on eligible claims submitted with dates of service of July 1 through December 31, 2020. We agree to fund these claims processed by *Ameritas Life Insurance Corporation.***

**Sincerely,**

***PLANHOLDER***