



Kentucky Retirees Enrollment Instructions for Dental and Vision

For Bank Draft Payment:

- **Complete and sign the application for Dental and/or Vision; be sure to sign both the application and authorization to deduct from your checking account**
- **Submit your payment by personal check for your 1st month's premium as indicated on the enrollment form**
- **Mail to the address below**

For Annual Pay:

- **Complete and sign the application for Dental and or Vision**
- **Submit your payment by personal check for your annual premium as indicated on the enrollment form**
- **Mail to the address below**

**Dennis Krol Insurance
P.O. Box 1818
Frankfort, KY 40602-1818
1.800.467.5765**