

PERTH AMBOY BOARD OF EDUCATION
178 Barracks Street
Perth Amboy, NJ 08861

Medical, Prescription, Dental & Vision plan rates for **Retired Personnel**.*

*This plan is **only** for retired members who are not eligible for the State Health Benefits.

Quarterly Payments of:

Member Only Coverage	\$400.00
Member & Spouse Coverage	\$800.00
Member & Family Coverage	\$900.00

Dental & Vision Plan rates for **all Retired Personnel**:

Quarterly Payments of:

Member Only Coverage	\$175.25
Member & Spouse Coverage	\$348.00
Member & Family Coverage	\$520.00

Quarterly Premiums are to be **received** by:

- January 1st
- April 1st
- July 1st
- October 1st

Checks are to be made payable to: **PERTH AMBOY BOARD OF EDUCATION**

Please **CONTINUE** my Medical, Prescription, Dental & Vision benefits upon retirement.

Print Name

Signature

Member ONLY

Member & Spouse

Member & Family

Please **CONTINUE** my Dental & Vision benefits upon retirement.

Print Name

Signature

Member ONLY

Member & Spouse

Member & Family

Please **CANCEL** all of my health benefits upon retirement.

Print Name

Signature

OFFICE USE ONLY:

Trade in Years: _____

Retirement Date: ___ / ___ / ___

Pays Full Amount of: \$____.____ on ___ / ___ / ___