

Retirement Continuation Notice for Dental and Vision for VSTA members

Please note that this form must be completed prior to your retirement date and returned to J.J. Stanis & Company at the address below. You will be billed directly by J.J. Stanis.

*Please note that Dental Coverage may be continued for 18 months under COBRA. Vision coverage may be continued without limit as long as premium is paid.

J.J. Stanis & Company, Inc
377 Oak Street
Garden City, NY 11530 - Suite 406
(516) 465-3900

Group Name: VSTA Welfare Fund

Name: _____

Address: _____

Social Security Number: XXX-XX-_____

Check Coverage Requested:

_____ **Single Coverage** _____ **Family Coverage**

Signature _____ **Date** _____

COBRA Dental	Single \$55.12 per month	Family \$137.83 per month
Excess Major Medical with Vision	Single \$3.85 per month	Family \$9.20 per month
Stand Alone Vision Plan	Single \$4.19 per month	Family \$10.64 per month

*All rates are subject to change

