

Mount Pleasant Teachers Association Benefit Fund
c/o Zenith American Solutions
PO Box 5817
Wallingford, CT 06492

_____ Yes, I would like the extension of dental/vision benefits under the
COBRA legislation.

_____ Single at _____ \$66.00 _____ per month

_____ Family at _____ \$125.00 _____ per month

_____ No, I would not like the extension of benefits under the COBRA
legislation.

Name _____

Signature _____

Date _____

Social Security Number _____

Address _____
