



CAMDEN COUNTY COUNCIL # 10

330 Market Street 2nd Floor Camden, NJ 08102
Phone: (856) 541-4191 Fax: (856) 541-9390
Email: office@council10.org

Anniversary Date: _____

DENTAL BENEFITS FOR RETIRED MEMBERS OF CAMDEN COUNTY COUNCIL #10

Council #10 is pleased to be able to provide eligible retired members of Council #10 with dental care benefits through Dr. John Kernan's office. The following information is provided so that you may fully understand the nature of this benefit and your responsibility.

Dental plan coverage is available to retirees, who were active *members* of Council #10 at the time of their retirement. A member wishing to participate in this benefit will be required to participate on continuous one (1) year time frames and must enroll within one (1) month of retirement. Retirees that do not maintain continuous coverage may be excluded from this benefit on a permanent basis.

Plan coverage is identical to that provided to active members. The cost of this coverage is \$210 per year. If you would like to receive this benefit, please submit the accompanying form (completed) and a check in the amount of \$210, made payable to "Dr. Kernan", to: Camden County Council #10, 330 Market St., 2nd Floor, Camden, NJ 08102. Once we have received your check and the completed form, we will notify Dr. Kernan's office of your eligibility.

IMPORTANT NOTES: As indicated above, enrollment is for one (1) year time periods. The union will send out reminders prior to your renewal. **Your renewal date for this dental benefit will be the month of your enrollment, not the date of your retirement.**

If you have any questions, please contact the union office at 856-541-4191, Monday-Friday, between the hours of 8:00 a.m. and 4:30 p.m.



ELIGIBILITY FORM FOR RETIREE BENEFIT PROGRAM

MEMBER NAME: _____

HOME ADDRESS: _____

CITY: _____ BIRTH DATE: _____

SOCIAL SECURITY #: _____

SPOUSE NAME: _____ HOME PHONE: _____

RETIREMENT DATE: _____

ADDITIONAL FAMILY MEMBERS:

NAME: _____ RELATIONSHIP: _____ AGE: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

RETURN COMPLETED FORM TO:

**CAMDEN COUNTY COUNCIL #10
330 MARKET STREET
2ND FLOOR
CAMDEN, NJ 08102**