

**MANHASSET EDUCATORS BENEFIT TRUST FUND**

**PILOT - Dental Benefit Plan Enrollment  
C/O Daniel H. Cook Assoc.  
253 West 35<sup>th</sup> Street, 12<sup>th</sup> Floor  
New York, NY 10001**

**DECEMBER 2021**

**Dear Member:**

**Please return your premium for enrollment in the MEA Trust Fund Pilot Dental Plan to Daniel H. Cook by February 1, 2022 along with your check made out to MEA and the lower half of this form.**

**If you choose to discontinue this program, you must understand that you cannot enroll again at a later date.**

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I. \_\_\_\_\_ I do wish to purchase the PILOT DENTAL PLAN as checked below.

\_\_\_\_\_ Family \$1320.00

**Enclosed is my check made out to MEATrust Fund to cover January 1, 2022 – December 31, 2022**

Name \_\_\_\_\_

Address \_\_\_\_\_

My Alternate ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

II. \_\_\_\_\_ I do not wish to purchase the Pilot Dental Plan.

**If you need assistance with this plan, please contact the Daniel H. Cook office, Tobi Bergun, (212) 505-5050, ext. 221.**