DRAFT

Local 195
Health and Welfare Fund

57 Inman Street
Cambridge, Massachusetts 02139

(On Fund Letterhead)

Date _____

Dear Pensioner:

The Board of Trustees of Local 195 Health and Welfare Fund is pleased to announce that dental benefits, from Dental Services, P.C., are now available to certain pensioners who wish to continue coverage through a "buy-in" provision.

PENSIONERS ELIGIBLE FOR COVERAGE:

1. Local 195 members who retired on or after July 1, 1983

2. ALL employees covered under the Local 195 Dental Plan on January 1, 1984, who retire on and after that date will be able to "buy-in."

COST OF COVERAGE

The annual amount of the self-payment premium at the present time is $208. This premium is payable annually and must be paid by the fifteenth (15th) of the month preceding the month for which coverage is to begin.

The amount of the annual payment is subject to review by the Trustees periodically.

APPLICATION FOR SELF-PAYMENT PROVISION

If you are qualified for the Self-Payment Provision, you will be notified by the Fund Office at your last known mailing address.

At the time of your retirement, you are automatically covered for sixty (60) days, at no cost to you. Therefore, the application and payment must be made by the fifteenth (15th) of the month in which your extended coverage ends.

Example:

Date of Retirement	January 1, 1984
Extended coverage ends	February 29, 1984
Self-payment due	February 15, 1984

A copy of the rules and regulations are enclosed for your convenience. Please call the Fund Office at 354-1110 if you have any questions.

Sincerely yours,

Board of Trustees

DRAFT

Local 195
Health and Welfare Fund

57 Inman Street
Cambridge, Massachusetts 02139

(On Fund Letterhead)

Self-Payment Provision
Rules and Regulations

All full-time employees of Local 195, who retired on or after July 1, 1983 are eligible to "buy-in" for continued dental benefits. All other employees eligible for dental benefits who retire on or after January 1, 1984, will also be permitted to continue dental beneifts. The rules and regulations for this "buy-in" privilege are subject to periodic review by the Board of Trustees.

NOTIFICATION OF ELIGIBILITY FOR SELF-PAYMENT PROVISION

1. The self-payment contribution amount is based on the cost of the dental plan. Information on premium cost is available at the Fund Office.

2. Application and payment must be made no later than 45 days following the date of your retirement.

3. You must make payment in a lump sum for each year to the Fund Office.

4. Payment must be made by the fifteenth (15th) of the first month preceding the month for which coverage is to begin.

5. If you do not make payment in a timely manner, you will not be eligible; and if you do make application but fail to make the necessary premium payment to the Fund Office by the 15th of the month preceding the month for which coverage is to begin, your coverage will cease, and it cannot be reinstated.

6. Should you become ineligible and receive dental benefits in error, such overpayments are subject to recovery by the Fund.

DRAFT

Local 195
Health and Welfare Fund

57 Inman Street
Cambridge, Massachusetts 02139

(On Fund Letterhead)

Date _____

APPLICATION FOR SELF-PAYMENT
DENTAL PLAN BENEFITS

I, _____, understand that coverage under the Dental Plan is available to me after my retirement. The cost of this coverage presently is $280, payable on an annual basis. Payment must be received by _____ in order for my coverage to be continued.

Retirement Date _____

4

CITY OF CAMBRIDGE

CAMBRIDGE, MASSACHUSETTS 02139
Tel. 498-9011

EXECUTIVE DEPARTMENT
ROBERT W. HEALY
City Manager

February 6, 1984

To the Honorable, the City Council:

Attached is a copy of the draft policy of the Local 195 Health & Welfare Fund's rules and regulations concerning the continuation of benefits for employees represented by the Fund who retire.

The trustees have informed me that this draft policy will be adopted and all members will be notified in the near future.

Very truly yours,

Robert W. Healy
City Manager

RWH/mbf
Enc.

Agenda Item Number Four

P. S-68

Re: response to Awaiting Report Item No. 4 on the inclusion of retired employees in the Cambridge municipal employee dental plan.

In City Council,

February 6, 1984

2/6/1984-

-Placed on File