

For illustrative purposes, we recommend that you maintain the current rate levels used to calculate payroll deduction contributions, COBRA rates and the rates your retirees pay - if applicable:

	<u>Current Rate Level</u>	<u>Renewal Rate Level</u>
EE Only:	\$49.24	\$49.24
Family:	\$113.33	\$113.33

After you have had an opportunity to review this letter, we would appreciate your confirming acceptance of this renewal by signing and dating this letter and returning a copy to me for our files no later than June 10, 2022, or as soon as reasonably possible. If you would like to schedule a meeting to discuss, please feel free to contact me at 516-465-3926.

In addition, please see enclosed plan recommendations for your review and consideration for the upcoming plan year.

Thank you for your continued support. We look forward to servicing your account in the upcoming years.

Sincerely,

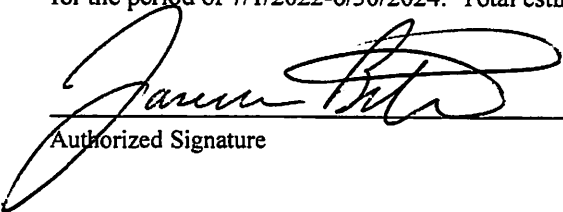
*Donna M. Zuzio*

Donna M. Zuzio  
Director of Client Services

DZ/lm

Encl.

☒ Renew the self-insured dental program, accepting the increase to the admin fee and addition of the banking fee for the period of 7/1/2022-6/30/2024. Total estimated annual increase of \$646.08

  
Authorized Signature

Josephine Botitta, Malverne VFSD,  
Print Name and Title Board President

Date 6-14-2022