

Preferred Group Plans, Inc.

**P.O. Box 15136
Albany, NY 12212-5136**

(800) 573-7474

This is your Dental, Vision,
& Prescription Reimbursement Coverage

*This is separate from your medical coverage

Complete the enrollment form and give to your
building trustee for signature then send to me at
Park Avenue School

Any questions, contact Lisa Ramus, Chairperson
lrasmus@wvcasd.org

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