

# TEAMSTERS Local #502

State of Pennsylvania

Commonwealth Association of School Administrators

855 N. Broad Street • Philadelphia, PA 19123  
(215) 236-7222 • FAX (215) 236-9230 • E-mail: casapresident502@gmail.com



DATE: May 28, 2019  
RE: New Membership Benefit

Dear Teamsters Local 502: CASA Sisters / Brothers:

We hope all are doing well as the school year rapidly comes to its ending.

We are excited to announce a valuable new benefit program for members of Teamsters Local 502: Commonwealth Association of School Administrators. We have partnered with **Pennjerdel Insurance Consultants, Inc.** to offer **Long-Term Care Insurance with discounted premiums**. The program is subject to medical underwriting and insurability is not guaranteed.

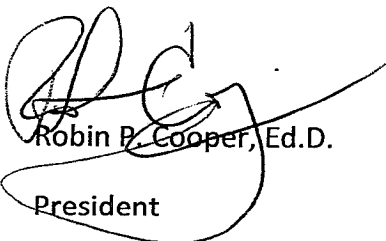
Reasons people plan ahead for Long-Term Care are as follows:


- To protect retirement assets and pension income;
- To prevent Medicaid / Medicare spend down (impoverishment);
- To ensure options for health care; and
- To avoid being a burden to loved ones.

As a Teamsters Local 502: CASA member, this offering is made available to you and your eligible family members with a permanent discount, not available to the general public. Eligible family members include spouses/domestic partners, adult children and parents/parents-in-law.

It was after careful consideration that we decided to partner with **Pennjerdel Insurance Consultants, Inc.** to administer this program. I urge you to take advantage of this opportunity. For quote requests, please complete the **QUOTE REQUEST FORM** on our **Union website** and return to **Shawn Seilback, President of Pennjerdel**, at [sseilback@pennjerdel.com](mailto:sseilback@pennjerdel.com).

In Solidarity,

  
Robin B. Cooper, Ed.D.  
President

  
Donald J. Anticoli, Ed.D.  
Secretary - Treasurer

**TEAMSTERS LOCAL 502: CASA LONG TERM CARE PROGRAM**

**(Complete one form per person who requesting a quote)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_ M \_\_\_\_ F

Do you or have you ever smoked? \_\_\_\_\_ If so, how much \_\_\_\_\_ If stopped, when \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

List any medications you are currently taking along with dosage and for what diagnosis:  
Please use an additional page if you need more space.

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**UPON COMPLETION, PLEASE EMAIL TO: [sseilback@pennjerdel.com](mailto:sseilback@pennjerdel.com)**