



CITY OF TAMPA - RETIREE

QUARTERLY VISION PREMIUM INVOICE – _____

RETIREE ONLY:	\$22.72
RETIREE + ONE DEPENDENT:	\$43.00
RETIREE + FAMILY:	\$70.18

PAYMENT AND REMITTANCE POLICY

- Premium payments are due prior to the beginning of the quarterly benefit period
- Please make **CHECK PAYABLE TO ADVANTICA**
- Please forward payment to the address indicated below
- Please **contact AGNES MOLL with any question** you may have
Email: amoll@advanticabenefits.com
Direct: 727.683.8826

THANK YOU FOR CHOOSING ADVANTICA



PLEASE DETACH AND INCLUDE WITH PAYMENT

GROUP NAME: CITY OF TAMPA-RETIREE

Retiree Name: _____

Address: _____

City, ST ZIP _____

PREMIUM PERIOD: _____

Please pay the amount below based on your vision enrollment election:

- RETIREE ONLY \$22.72**
- RETIREE + ONE DEPENDENT \$43.00**
- RETIREE + FAMILY \$70.18**

Amount paid IF DIFFERENT from above: \$_____

Reason For Difference In Payment: _____

REMIT TO: Advantica
 Attention: Kara Tesson
 P. O. Box 8510
 St. Louis, MO 63126