

# Cigna DentalCare Plan

**This is an HMO PLAN ONLY. You are limited to the dentists in the CIGNA Dental Care Network.** The dentists who are contracted with CIGNA are all in private practice. You choose a dental office from the enclosed CIGNA Dental Provider Directory. Your dentist will provide all general care but if you need a specialist your dentist will refer you to one. Providers may be found at [www.cigna.com](http://www.cigna.com)

**You may enroll in the plan with January 1, and April 1, July 1, or October 1.** To enroll, send your completed application forms and premium payment postmarked no later than your effective date. *Eligibility is limited to (1) members age 64 and under and (2) members whose membership in their participating association has been effective for a minimum 30 days membership.*

**PLEASE NOTE:** Benefits and rates may change effective January 1 of each year at the option of CIGNA Dental Health.

**QUARTERLY PREMIUM RATES Effective October 1, 2009** (from October 1, 2009 through September 30, 2010)

	<b>Quarterly</b>
Employee	\$ 103.65
Employee+1	\$ 210.78
Employee + 2 or more	\$ 314.64

Premiums will be billed quarterly, due on January 1, April 1, July 1 and October 1.

[www.teigit.com](http://www.teigit.com)

**email: [Teigit@Teigit.com](mailto:Teigit@Teigit.com)**

## APPLICATION INSTRUCTIONS

1. Complete and sign the ENROLLMENT FORM. Please be sure to include your Social Security number, your date of birth and your dental office selections.
2. Provide the information requested below and sign.
3. Return the ENROLLMENT FORM and this sheet with your check payable to TEIGIT DENTAL. A policy certificate and other material will be mailed to you by CIGNA after the effective date of coverage.

NAME \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ BUSINESS TELEPHONE \_\_\_\_\_

\_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMAIL \_\_\_\_\_ ASSOCIATION \_\_\_\_\_

I understand I am eligible for coverage through TEIGIT by virtue of my continuous membership in good standing in a Participating Association of TEIGIT and by my continued active employment in the Arts and Entertainment Industry.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# TEIGIT

**632 Plank Road Suite 203 Clifton Park, NY 12065**  
**Tel: 518-348-1270, 800-886-7504 fax: (518)348-1273**