

TEIGIT Rates & Application Instructions - California

NAME _____ HOME TELEPHONE _____
ADDRESS _____ BUSINESS TELEPHONE _____

OCCUPATION* _____

ASSOCIATION* _____
EMAIL _____

Requirements:

- ~ You must be a member of your association for at least 30 days prior to your effective date of coverage.
- ~ You must be under age 65.
- ~ Your application must be received and your association membership confirmed by the 20th day of the month preceding the starting date selected. Should the 20th fall on a Saturday, Sunday or national holiday, the next business day will apply.

HOW TO APPLY:

(1) SELECT COVERAGE: Monthly Premium Rates (SEE ENCLOSED)

	Member Only	Couple	Member & Child(ren)	Family
<i>Cigna Health Plan HMO</i>	[]	[]	[]	[]
<i>Cigna Health Plan Access POS</i>	[]	[]	[]	[]

(2) RETURN:

- (a) This form, completed and signed.
- (b) The ENROLLMENT/CHANGE form. Complete sections B and E and sign section F. Please select your Primary Care Physician(s) from the CIGNA Health Care Directory or visit CIGNA's website at www.cigna.com.
- (c) A check payable to TEIGIT for the appropriate amount.***(see below)*

(3) Date for your insurance to begin: _____ *(The earliest starting date is the first day of the month following 30 days of membership in your association.)*

**For coverage to be effective:

January 1, April 1, July 1 or October 1 - send three months premium plus a \$15 TEIGIT membership fee.
February 1, May 1, August 1 or November 1 - send two months premium plus a \$10 TEIGIT membership fee.
March 1, June 1, September 1 or December 1 - send one month's premium plus a \$5 TEIGIT membership fee.

Future premiums will be billed quarterly on January 1, April 1, July 1, and October 1 and will include the \$15 TEIGIT membership fee.

PLEASE NOTE: Rates and benefits are subject to change on the Group Contract anniversary date of January 1. The CIGNA Health ACCESS plan's deductible year begins each January 1.

**I understand I am eligible for coverage through TEIGIT by virtue of:*

- (1) my continuous membership in good standing in a Participating Association of TEIGIT and*
- (2) my employment in the arts or entertainment industry.*

Signature

Date

632 Plank Road Suite 203 Clifton Park, NY 12065
Tel: 518-348-1270, 800-886-7504 email: Teigit@Teigit.com

California Monthly Rates - 2010

LOS ANGELES Area		
	HMO	POS
Member	\$ 1,556.72	\$ 2,294.83
Member/Spouse	\$ 3,424.79	\$ 4,147.39
Member/Child	\$ 2,817.65	\$ 3,412.17
Family	\$ 4,607.88	\$ 5,580.16

SAN DIEGO Area		
	HMO	POS
Member	\$ 1,967.61	\$ 2,083.34
Member/Spouse	\$ 4,328.75	\$ 4,583.30
Member/Child	\$ 3,561.36	\$ 3,770.81
Family	\$ 5,824.10	\$ 6,166.60

SAN FRANCISCO Area		
	HMO	POS
Member	\$ 2,010.52	\$ 2,795.21
Member/Spouse	\$ 4,423.14	\$ 6,149.48
Member/Child	\$ 3,639.03	\$ 5,059.34
Family	\$ 5,951.13	\$ 8,273.85