

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
Cigna Health Plan HMO	[]	[]	[]	[]
Cigna Health Plan Access POS	[]	[]	[]	[]

(2) RETURN:

- This form, completed and signed.
- 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.
- 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.*

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

California Monthly Rates - 2012

LOS ANGELES Area		
	HMO	POS
Member	\$2,058.76	\$3,034.91
Member/Spouse	\$4,529.28	\$5,484.92
Member/Child	\$3,726.34	\$4,512.59
Family	\$6,093.92	\$7,379.76

SAN DIEGO Area		
	HMO	POS
Member	\$2,602.16	\$2,755.22
Member/Spouse	\$5,724.77	\$6,061.41
Member/Child	\$4,709.90	\$4,986.90
Family	\$7,702.37	\$8,155.33

SAN FRANCISCO Area		
	HMO	POS
Member	\$2,658.91	\$3,696.67
Member/Spouse	\$5,849.60	\$8,132.69
Member/Child	\$4,812.62	\$6,690.98
Family	\$7,870.37	\$10,942.17