

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	Member & Spouse	Member & Child(ren)	Member, Spouse & Child(ren)
CIGNA HealthPlan (HMO)	[]	[]	[]	[]
CIGNA Health ACCESS (POS)	[]	[]	[]	[]

(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