

TEIGIT Rates & Application Instructions – Illinois 2012

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 (Valid from 01/01/2012 to 12/31/2012)

	Member Only	Couple	Member & Child(ren)	Family
Cigna Health Plan HMO	\$2,571.95	\$5,426.73	\$5,221.06	\$8,075.91
Cigna Health Plan Access POS	\$2,679.44	\$5,653.62	\$5,439.27	\$8,413.44

(2) RETURN:

- This form, completed and signed.
- The ENROLLMENT/CHANGE form. Complete sections B and E and sign section F. Please go to the Cigna website (www.cigna.com) to select your Primary Care Physician(s).
- 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:*

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

Signature

Date

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