

TEIGIT Rates & Application Instructions *Dental Plans 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 verified prior to the effective date of coverage.

HOW TO APPLY:

(1) **SELECT COVERAGE.** Check appropriate box below:

Monthly Premium Rates (Effective 1/1/2012 – 12/31/2012)

	Member Only	Employee + 1	Family
<i>Cigna DentalCare HMO</i>	[] \$ 37.73	[] \$76.72	[] \$114.52
<i>Cigna Dental PPO</i>	[] \$ 60.43	[] \$122.88	[] \$183.43

(2) **RETURN:**

- (a) This form, completed and signed.
- (b) The ENROLLMENT/CHANGE form. Complete sections B and E and sign section F. For the Cigna DentalCare HMO, please select a dental office from the CIGNA website at www.cigna.com.
- (c) A check payable to TEIGIT for the quarterly premium, as indicated above.

(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' premiums
February 1, May 1, August 1, or November 1 – send two months' premiums
March 1, June 1, September 1, or December 1 – send one month's premium.

PLEASE NOTE: Rates and benefits are subject to change on the Group Contract anniversary date of October 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