

# TEIGIT

## Rates & Application Instructions – Florida 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 1/1/2012 – 12/31/2012

	Member Only	Couple	Member & Child(ren)	Family
Cigna PPO	\$1,458.96	\$2,287.44	\$3,510.83	\$4,522.76

#### (2) RETURN:

- (a) This form, completed and signed.
- (b) The ENROLLMENT/CHANGE form. Complete sections B and E and sign section F.
- (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 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

