

# TEIGIT Rates & Application Instructions – Connecticut 2010

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 01/01/2010 to 12/31/2010)

	Member Only	Couple	Member & Child(ren)	Family
<b>Cigna Health Plan HMO</b>	\$ 1,858.37	\$ 3,716.75	\$ 3,511.54	\$ 5,690.70
<b>Cigna Health Plan Access POS</b>	\$ 1,810.11	\$ 3,620.22	\$ 3,420.35	\$ 5,542.91

### (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](http://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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