

TEIGIT Rates & Application Instructions – New Jersey 2010

NAME _____ HOME TELEPHONE _____
ADDRESS _____ BUSINESS TELEPHONE _____

OCCUPATION* _____

ASSOCIATION* _____
COUNTY _____ E-MAIL _____

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 (Circle choice):

Monthly Premium Rates (Valid from 01/01/2010 to 12/31/2010)

	Member Only	Couple	Member & Child(ren)	Family
Cigna Open Access Plus Plan A	\$ 1,184.22	\$ 2,605.32	\$ 2,143.47	\$ 3,505.33
Cigna Open Access Plus Plan D	\$ 1,041.69	\$ 2,291.71	\$ 1,885.46	\$ 3,083.39
Cigna Open Access Plus Plan N	\$ 776.49	\$ 1,708.26	\$ 1,405.44	\$ 2,298.39

(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 website: 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