

# TEIGIT Rates & Application Instructions - California

NAME: \_\_\_\_\_

ASSOCIATION: \_\_\_\_\_

Pen Name (a/k/a) \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

ADDRESS : \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone(s) *Please check primary*

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email(s):

Email invoice?

(1) \_\_\_\_\_ Y / N

(2) \_\_\_\_\_ Y / N

**No Paper Invoice; Email Invoice Only (initials \_\_\_\_\_)**

**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 (SEE Attached)

	Member Only	Couple	Member & Child(ren)	Family
<b>Cigna Health Plan HMO</b>	[ ]	[ ]	[ ]	[ ]
<b>Cigna Health Plan Access POS</b>	[ ]	[ ]	[ ]	[ ]

**(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 Health Care Directory or visit CIGNA's website at [www.cigna.com](http://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 \$24 TEIGIT membership fee.*  
*February 1, May 1, August 1 or November 1 - send two months premium plus a \$16 TEIGIT membership fee.*  
*March 1, June 1, September 1 or December 1 - send one month's premium plus a \$8 TEIGIT membership fee.*

Future premiums will be billed quarterly on January 1, April 1, July 1, and October 1 and will include the \$24 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](mailto:Teigit@Teigit.com)

## California Monthly Rates – 2013

CIGNA Plans – TEIGIT

<b>LOS ANGELES Area</b>		
	<b>HMO</b>	<b>POS</b>
Member	\$ 2,262.57	\$ 3,335.36
Member/Spouse	\$ 4,977.68	\$ 6,027.92
Member/Child	\$ 4,095.39	\$ 4,959.51
Family	\$ 6,697.46	\$ 8,110.64

<b>SAN DIEGO Area</b>		
	<b>HMO</b>	<b>POS</b>
Member	\$ 2,859.78	\$ 3,027.97
Member/Spouse	\$ 6,291.52	\$ 6,661.49
Member/Child	\$ 5,176.18	\$ 5,480.80
Family	\$ 8,464.91	\$ 8,963.03

<b>SAN FRANCISCO Area</b>		
	<b>HMO</b>	<b>POS</b>
Member	\$ 2,922.15	\$ 4,062.64
Member/Spouse	\$ 6,428.71	\$ 8,937.82
Member/Child	\$ 5,289.07	\$ 7,353.38
Family	\$ 8,649.54	\$ 12,025.44