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**Secondary Coverage Application**  
**PLAN #3000**

Secondary Membership for Active Employees or dependents and/or Retired Employees or dependents covered by one of the following plans; please select plan:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Aetna                         | <input type="checkbox"/> Aetna US Healthcare       | <input type="checkbox"/> Cigna                       |
| <input type="checkbox"/> BlueCross BlueShield/Illinois | <input type="checkbox"/> Highmark                  | <input type="checkbox"/> United Healthcare/107300    |
| <input type="checkbox"/> United Healthcare/23000       | <input type="checkbox"/> United Healthcare/0690100 | <input type="checkbox"/> United Healthcare/GA23111-E |

	<b>Monthly</b>	<b>Quarterly</b>
<input type="checkbox"/> Retired or Active Employee	\$ 60.00	\$180.00
<input type="checkbox"/> One Dependent	60.00	180.00
<input type="checkbox"/> Two or More Dependents	120.00	360.00
<input type="checkbox"/> Two Parent Family w/Dependents	180.00	540.00

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COMPLETE THE FOLLOWING INFORMATION:

Employee Name	SS#	Dob	Union
Address	City, State	Zip Code	Phone #
Dependent Full Name	SS#	Dob	Relationship
Dependent Full Name	SS#	Dob	Relationship
Dependent Full Name	SS#	Dob	Relationship

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As a Secondary member under Plan #3000, I understand **CARE** will reimburse me for up to \$200 of my deductible in full for covered services with the remainder of the deductible (if applicable) being reimbursed at 20%. In addition, **CARE** will reimburse me for the difference between the Amount Allowed and Amount Paid by my primary carrier, not to exceed 20% up to the **CARE** annual limit of \$2,200.

For members covered under the United Healthcare GA23111-E, **CARE** will reimburse up to \$200 of the deductible in full for covered services with the remainder of the deductible (if applicable) being reimbursed at 20%. In addition, **CARE** will reimburse up to 20% of the Amount Allowed by the GA23111-E plan up to the **CARE** annual limit of \$2,200.

I wish my membership to become effective the first day of \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**Payroll deduction or bank draft is available upon request. If you will be using Payroll Deduction or bank draft you will need to remit dues for two months in order to give us time to set up the proper deduction.**