

CARE

Consolidated Associations of Railroad Employees

Plan #3000 Application

**Membership for Retired employees and Dependents who have coverage with
Both Medicare and Cigna**

and/or

Both Medicare and United Healthcare Group Policy GA107300

- | | |
|--|---|
| <input type="checkbox"/> Cigna with Medicare Primary | <input type="checkbox"/> United Healthcare Group Policy
GA107300 with Medicare Primary |
|--|---|

- | | | | |
|---|----------------|------------------|--|
| | Monthly | Quarterly | |
| <input type="checkbox"/> Retired Employee | \$ 60.00 | \$180.00 | |
| <input type="checkbox"/> One Dependent | \$ 60.00 | \$180.00 | |

COMPLETE THE FOLLOWING INFORMATION:

Retired Employee Name	SS#	Dob
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Address	City, State	Zip Code
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Phone #

Dependent Full Name	SS#	Dob
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Retired employees and dependents who have coverage with both Medicare and Cigna and/or both Medicare and United Healthcare Group Policy GA107300 are eligible to enroll in this secondary plan.

*The **CARE** plan will coordinate payment with Cigna and Medicare. Between Medicare, Cigna and **CARE** the total payment of all charges will always be equal to Medicare's approved amount on billed charges. **CARE** will reimburse for up to \$200 on any applicable deductible. In addition, **CARE** will reimburse up to the annual limit of \$2,200.*

*The **CARE** plan will coordinate payment with United Healthcare Group Policy Number 107300 and Medicare. Between Medicare, United Healthcare Group Policy 107300 and **CARE**, the total payment of all charges will always be equal to Medicare's approved amount on billed charges. **CARE** will reimburse for up to \$200 of any applicable deductible. In addition, **CARE** will reimburse up to the annual limit of \$2,200.*

I wish my membership to become effective the first day of _____

Signature: _____ Date: _____

Enclosed is a Bank draft card for your convenience. If you will be using bank draft you will need to remit dues for two months in order to give us time to set up the proper deduction.