



800.334.1330
 254.773.1330
 fax 254.774.7652

4912 Midway Drive
 Post Office Box 6130
 Temple, TX 76503-6130

www.carehealthplan.com

**Secondary Coverage Application
 for
 Early Retirement Major Medical Employees & Spouses**

Select the membership type that pertains to you and place a in the box.

Plan #5000 - Secondary to United Healthcare GA46000

*This secondary plan will pay the Primary Plan's deductible, as well as, copayments and/or coinsurance on Allowable charges. This plan will also reimburse the member for the difference between the **Amount Allowed** and the **Amount Paid** by your primary carrier until you reach the Lifetime Maximum under United Healthcare Group Policy Number GA46000.
 (If you meet the lifetime maximum under United Healthcare Plan GA46000, you may transfer your coverage to Plan #5500).*

- Retired Employee \$208.00 Monthly (\$624.00 Quarterly)
- Spouse \$208.00 Monthly (\$624.00 Quarterly)

If you do not have a current Health Care Plan book, please contact the CARE office at (800) 334-1330.

A. PLEASE COMPLETE THE FOLLOWING INFORMATION:

Name of Employee or Retired Employee	Social Security Number	Date of Birth
Street Address	City	State Zip
Date last worked	Telephone Number	

B. COMPLETE THE FOLLOWING INFORMATION FOR SPOUSE:

Name of Spouse	Social Security Number	Date of Birth
Street Address	City	State Zip

I would like my membership to become effective the first day of _____

Signature of Employee: _____ Date: _____

If you will be using bank draft, you will need to remit dues for one month in order to give us time to set up the proper deduction.