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 Post Office Box 6130
 Temple, TX 76503-6130

www.carehealthplan.com

**Secondary Coverage Application
 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.

**Plan #5500 - COVERAGE AFTER LIFETIME MAXIMUM BENEFITS UNDER
 UNITED HEALTHCARE GA46000 HAVE BEEN EXHAUSTED**

To qualify for coverage under this plan, eligible retiring employees or eligible dependents must have exhausted their lifetime maximum benefits through United Healthcare GA46000. All requirements for membership will have already been met when completing application for Plan #5000.

Once enrolled in Plan #5500, CARE becomes your Primary coverage.

- Retired Employee \$231.00 Monthly (\$ 693.00 Quarterly)
 Plan #5500 \$524.00 Monthly (\$1572.00 Quarterly)

- Spouse \$231.00 Monthly (\$ 693.00 Quarterly)
 Plan #5500 \$524.00 Monthly (\$1572.00 Quarterly)

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.