

DOCUMENTS THAT CONTAIN WHITE-OUT CANNOT BE ACCEPTED

Special Plan Eligibility Provisions - Attachment A-2		
This form is used for items not always handled in the EGA / EGA CF.		
Section Line#	Description	Instructions
1	Group Number	Assigned group number is listed here.
2	Requested Effective Date of Change	This is the requested effective date of coverage or change.
3	Group Name	Name of group is listed here, including dba name.
Special plan eligibility provisions		
	Check here to apply the same provisions to the dental plan	This must be checked if the same provisions are to be applied to the dental plan
	Full-Time Student Status	Prior approval required. This must be checked if full-time students are to be covered after the standard age of 24.
	Temporary/Part-time Employee to Full-Time	This must be checked if group has temporary/part-time to full-time conversion (time spent as temporary/part-time employee will count toward the eligibility period).