

DOCUMENTS THAT CONTAIN WHITE-OUT CANNOT BE ACCEPTED

Special Billing Provisions - Attachment A-3		
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 Coverage or Change	This is the requested effective date of coverage or change,
3	Group Name	Name of group is listed here.
Check here to apply the same provisions to the dental plan		This provision will also apply to the dental plan. Check this box for dental plan.
Special Billing Provision: Class		List the class of employees here. If there is only one eligibility period for all classes, just enter "All". If multiple classes with different termination arrangements, list the provision for each class.
<p>This form is used for any special termination arrangements as indicated in Section C of EGA or EGA CF. ie: Group wants give & take on terms only, etc... This only applies to terminations (not changes). The same provision will also apply to the dental plan.</p>		