

Application

Insurance Policy Holder Information:

Last Name _____

First Name _____

Middle Initial _____

Date of Birth _____ Sex M F

Social Security Number _____

Marital Status _____

Address _____

City _____

State _____ Zip _____

County _____

Phone number _____

Email address _____

Any household members under 19? Y N

Number of people in household _____

Gross annual household income: \$ _____

Number of adults covered by your insurance 1 2

If 2, print name of 2nd adult:

Name of employer providing health insurance:

Health Department Use

THP A

THP B

Please complete application and send to:

Tencon Health Plan

District Health Department #10
Finance Office
PO Box 850
1049 Newell
White Cloud, MI 49349

For additional information, contact your local health department.

Crawford County (989)348-7800

Lake County (231)745-4663

Kalkaska County (231)258-8669

Manistee County (231)723-3595

Mason County (231)845-7381

Mecosta County (231)592-0130

Newaygo County (231)689-7300

Oceana County (231)873-2193

Wexford County..... (231)775-9942

TENCON HEALTH PLAN Cobra



The Tencon Health Plan is a community partnership between Gerber Memorial Health Systems, Kalkaska Memorial Health Center, Lake Shore Hospital, Mecosta County Medical Center, Memorial Medical Center of West Michigan, Mercy Hospital Cadillac, Mercy Hospital Grayling, West Shore Medical Center and District Health Department #10 to promote access to health care.

- *Recently Unemployed?*
- *Need to maintain health insurance but it's too expensive?*



*Tencon Health Plan Cobra
might be the answer!*

What is Tencon Health Plan COBRA?

The federal government has passed legislation that allows anyone who has been or will be laid off between 9/01/2008 and 2/28/2010 to receive their health insurance from their employer at a discounted rate of 35% of the total cost. To help you cover the 35% cost and maintain your coverage, THP will reimburse up to \$50 for one member or \$100 for 2 members on a monthly basis for 15 months.

To be eligible you must:

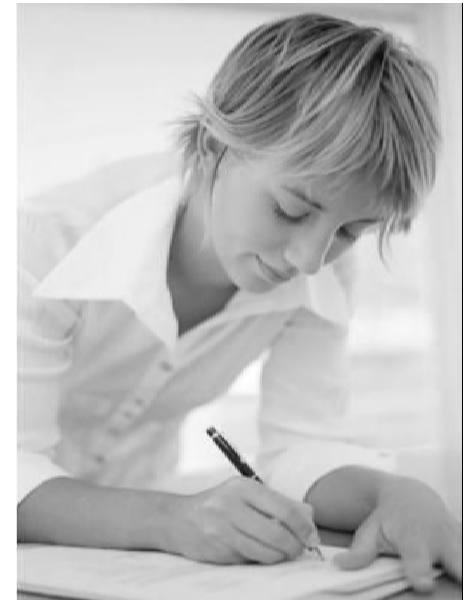
- 1) Have been or will be laid off between 9/01/2008 and 2/28/2010.
- 2) Be participating with your employer's health insurance plan.
- 3) Be a resident of Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, or Wexford county.

There is no cost to participate in the program. Just complete and return the attached application.

After we receive the application, you will receive 15 preprinted vouchers to return with your paid receipt attached. The receipt needs to include employer's name, date paid, and reason for payment. If a receipt is not available, a copy of the front and back of your cancelled check will work.



We will need to receive the voucher and receipt within 90 days of enrolling in the program for you to remain on the program. This is a program with limited enrollment and we want to help as many people as possible.



If you have children, they may qualify for Healthy Kids or MICHild health coverage, or other additional services. Please call your local health department for more information and/or to schedule an appointment to enroll your children.