

# Intersystem Transfer of State Health Insurance Coverage

***Only complete this form if you are transferring from another Georgia school system, your current coverage will transfer into Houston County.***

If you are currently enrolled in the State Health Benefit Plan with another Georgia school system, your current coverage will transfer into Houston County.

State Health requires continuation of your current plan (same option and coverage) when transferring within the same plan year.

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

SYSTEM CURRENTLY CARRYING COVERAGE: \_\_\_\_\_

LAST DAY WORKING IN PRIOR COUNTY: \_\_\_\_\_

DATE OF **FINAL** HEALTH DEDUCTION/CHECK FROM PRIOR COUNTY: \_\_\_\_\_

## PLEASE CHECK YOUR CURRENT COVERAGE

- CURRENT OPTION:**      **SINGLE**      **FAMILY**      **Employee + Child**      **Employee + Spouse**

### BLUE CROSS/BLUE SHIELD:

HMO

Bronze Plan HRA

Silver Plan HRA

Gold Plan HRA

### UNITED HEALTHCARE:

UHC HMO

HIGH DEDUCTIBLE HEALTH PLAN

- TOBACCO SURCHARGE:**

**N/A:**

If you are charged the tobacco surcharge now, the surcharge will continue until the next Open Enrollment period.

Declined Health coverage with prior county.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**