

PRESERVATION ALUMNI, INC.

P. O. Box 669, Peck Slip Station, New York, NY 10272-0669

Atlantis Health Plan Application to Participate

Thank you for your interest in participating in the Atlantis Health Plan offered as a benefit to Members of Preservation Alumni. Please review eligibility requirements below.

Eligibility:

- Only dues-paying Members of Preservation Alumni are eligible to participate in the Atlantis Health Plan.
- Only graduates of the Historic Preservation Program at Columbia University or students who have completed a minimum of three semesters of coursework in the Program but have not graduated are eligible to become Members of Preservation Alumni.
- Individuals joining Preservation Alumni at other membership levels, including Student, Friend, Corporate, and Sustaining, are NOT eligible to participate in the Atlantis Health Plan.

Guidelines:

- The member must be a member Preservation Alumni for at least 60 days.
- All applications that you submit with a personal check must be accompanied with proof of business (ex: Schedule C, W2, NYS45, K-1, 1099) and must show a minimum annual income of \$15,000.
- Retro activity and retro enrollment can only go back 30 days. Changes and enrollments are needed by the 10th of the month prior to the change.

Plan Selection

- High Option HMO** - \$20 Physician Copay / \$0 Hospital Copay
 - Single: \$1006/Q
 - Family: 2556/Q
- Low Option HMO** - \$20 Physician Copay / **\$500** Hospital Copay / Physical Therapy only covered after In-Patient stay
 - Single: \$ 837/Q
 - Family: 2123/Q

Name _____

Address _____

Phone _____

E-mail address _____

Year of graduation from the Historic Preservation Program at Columbia University _____

I am interested in participating in the Atlantis Health Plan as

_____ an Individual at the rate of _____ per year to be paid in quarterly installments of _____

_____ a Family at the rate of _____ per year to be paid in quarterly installments of _____

Member Signature _____ Date _____