



Missouri Department of Transportation & Missouri State Highway Patrol



MEDICAL AND LIFE INSURANCE PLAN

105 W. Capitol Ave
PO Box 270
Jefferson City, MO 65102

Toll free 877-863-9406
Telephone 573-526-0138
Fax 573-526-1482

First of the Month State Transfer Request

I, _____, am transferring directly over from a state agency with
(Full Name)
MCHCP medical benefits. I would like to request my MODOT & MSHP Medical coverage
go into effect on my date of hire, _____. I understand that medical premiums are
(Effective Date)
paid one month in advance and with this request I acknowledge having three pay periods in back
premiums to catch up and approve doing so in the first two pay periods of employment, in
addition to the normal premium amount needed to maintain coverage.

Subscriber Signature

Date

Insurance Representative Signature

Date