



College Insurance Program Participation Election Form

NOTICE: COMPLETION OF THIS FORM IS REQUIRED. It must be returned to the State Universities Retirement System (SURS) office in order to establish your eligibility on the MyBenefits Marketplace.

Eligible members who have completed the eligibility requirements under the College Insurance Program may elect to participate in the College Insurance Program at the time of their retirement. Participation in the College Insurance Program is **optional**.

MyBenefits Marketplace is a customized website just for you, and you will be required to register on the website using information pertinent to you for self-authentication. Once registered, you will be provided your CMS-issued Employee ID Number (EIN), which you will need whenever you log in to this site.

Additional information concerning benefit coverage is located on the MyBenefits Marketplace, at www.MyBenefits.illinois.gov, or you may call a Customer Service Representative Monday – Friday 8:00 a.m. – 6:00 p.m. CST toll free at 1-844-251-1777 or TTY toll free at 1-844-251-1778.

Please make an election

I elect to participate in the College Insurance Program

I do not elect to participate in the College Insurance Program

Your insurance premiums will be billed directly by MyBenefits Marketplace

 Signature

 Member ID Number

 Date

 Email Address

 Telephone Number

Submit completed form to:



1901 Fox Drive
 P.O. Box 2710
 Champaign, IL 61825-2710
 Telephone 800- 275-7877 or 217-378-8800