



State Employees Group Insurance 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 website.

Eligible members who have completed the vesting requirement of qualifying service as a Tier 1 or Tier 2 employee may elect to participate in the State Employees Group Insurance Program at the time of their retirement. Participation in the state health/dental program is **optional**.

Eligible members electing not to participate in the state health/dental program are eligible to participate at a later date by enrolling during the annual open enrollment period or upon experiencing a qualifying change in status event that allows a member to enroll. Members will still be eligible for and enrolled in the state life insurance program through MyBenefits.

MyBenefits 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 on to this site.

Additional information concerning benefit coverage is located on the MyBenefits website, 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 State Employees Group Insurance Program. SURS will transfer my insurance eligibility to MyBenefits. MyBenefits will notify me when I have an enrollment opportunity available on its website.
- I do not elect to participate in the State Employees Group Insurance Program.
- I am not eligible for or enrolled in Medicare and wish to enroll in the Opt-Out Financial Incentive Program. By enrolling in the Financial Incentive Program, I will receive \$150 per month (*less than 20 years of service*) or \$500 per month (*20 or more years of service*). I understand I will be enrolled with life insurance coverage only.
 - The Financial Incentive packet is attached
 - Please send me the Financial Incentive packet
- I am currently enrolled as a dependent** on my State-covered spouse’s or civil union partner’s health, dental, and vision insurance coverage **for at least one year**, and therefore, qualify to remain on my spouse’s or civil union partner’s State insurance as a dependent. I understand that waiving my coverage as an annuitant to remain a dependent of my spouse or civil union partner will mean that the only coverage I will have as an annuitant (member) will be life insurance coverage.

Your insurance premiums will be billed directly by Morneau Shepell.

 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

