



WAIVING ANNUITANT GROUP INSURANCE COVERAGE NOTIFICATION AND ELECTION FORM

As set forth in Public Act 93-553, a new Annuitant that is currently covered as a dependent of their State-employed or retired Spouse, can elect to waive health, dental and vision coverage as Member in their own right and continue participation as a dependent of their spouse.

Furthermore, in accordance with Public Act 93-553, this Notification and Election Form is provided to Annuitants of any State of Illinois Retirement System to inform them of the consequences of waiving coverage as a Member to continue participation in the State Employees Group Insurance Program as a Dependent of their Spouse and the conditions and procedures for re-enrolling at a later time as an eligible Member.

Annuitant/Dependent Name: _____ SSN: _____
Member/Spouse Name: _____ SSN: _____
Member/Spouse Agency: _____
Annuitant/Dependent Daytime Phone # (with area code): (_____) _____

I fully understand and certify to the following:

- 1. I am currently a dependent on my Spouse's health, dental and vision coverage provided by the State.
2. I acknowledge that I am waiving health, dental and vision coverage as an Annuitant.
3. My spouse cannot carry Spouse Life coverage on me; however, I will be enrolled as an Annuitant with Basic Life insurance coverage. If I am eligible and wish to obtain additional optional life insurance coverage, Statement of Health approval will be required.
4. Re-enrollment in the health, dental and vision plans as an eligible Member can be done only during the annual Benefit Choice Period (May 1-31 of each year) or within 60 days of experiencing a qualifying Change in Status. If I wish to re-enroll, I must contact my Group Insurance Representative to complete and sign the Enrollment/Change Form (CMS-315), and submit the required back-up documentation.

Dependent Signature: _____ Date: _____

RETIREMENT SYSTEM USE ONLY
Date the Dependent was added to Spouse's H/D/V coverage: _____
Effective Date of Dependent's Annuity: _____
Type Enrollee Code _____ Part-time Percentage _____ % Basic Life Units _____
Spouse Life Note: The GIR/P must verify whether or not the member/spouse currently has Spouse Life coverage on the annuitant/dependent. If so, the coverage must be terminated. Additionally, the member/spouse's agency must be notified of the change in order to have the member/spouse's payroll corrected.
Group Insurance Representative Signature/Date _____ Phone # _____
Retirement System _____ Organizational Processing Code _____