Healthcare Election Form

| CHICAGO TRANSIT AUTHORITY Fax Form To (312) 275-8722 or Wail Form to HR Benefit Services - 567 W. Lake Street, Chicago, Illinois 60661-1465 Check all that apply: New Employee | PART-TIME EMPLOYEES | | | |
|--|--|--|----------------------------|--|
| Name Sex: Male Female Badge/Payroll # | Fax Form To (312) 275-8722 or Mail Form to | | | |
| Name Sex: Male Female Badge/Payroll # | Check all that apply: New Employee Change in Spouse/Dependent Information | | | |
| Last First MI Social Security # Daytime Phone # Home Address Home Phone # Cell Phone # (optional) City/State/Zip Union Location/Area Department Date of Birth (Month/Day/Year) Date of Hire (Month/Day/Year) Is Spouse a CTA employee? YES NO Name of Spouse Date of Marriage (Month/Day/Year) Spouse Social Security # Select one of the following options for your medical coverage: Single or Family Cigna PPO/OAP A Cigna PPO/OAP B No Medical Please list only dependents that you are adding and/or deleting and provide the HR Benefit Services Department with a copy of certified documentation for each person as required by the plan including: | Adding Dependents Deleting Dependents | | | |
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| Please list only dependents that you are adding and/or deleting and provide the HR Benefit Services Department with a copy of certified documentation for each person as required by the plan including: | ☐ Single or ☐ Family | | | |
| Please list only dependents that you are adding and/or deleting and provide the HR Benefit Services Department with a copy of certified documentation for each person as required by the plan including: marriage certificate, civil union certificate, birth certificate, adoption papers, and court orders. Name (Last/First/MI) Birth Date | ☐ Cigna PPO/OAP A ☐ Cigna PPO/OAP B ☐ No Medical | | | |
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| | Name (1 ast/First/MI) | | | |
| | E O N N O N A MUIIC (East) Hollin) | | Dittil Date | |
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| I authorize the Benefit Services Department to make the changes I have indicated above and authorize the Chicago Transit Authority to deduct my health care premiums on a pre-tax basis under the rules of Section 125 of the Internal Revenue Code. | | | sit Authority to deduct my | |
| Signature Date | | | | |
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Processed by Benefit Services