## **Healthcare Election Form**

## **PART-TIME ATU 241 EMPLOYEES**

CHICAGO TRANSIT AUTHORITY Fax Form to (312) 275-8722, Email Form to benefits@transitchicago.com or Mail Form to HR Benefit Services - 567 West Lake Street, Chicago, Illinois 60661-1465		
Check all that apply:  Adding Dependents  Deleting Dependents  Change in Work Status (To Full-time, Reinstatement)		
Name	Gender: Male Female	Badge/Payroll #
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/Parent a CTA employee? YES NO	Spouse/Parent Name
Name of Spouse Date of Marriage (Month/Day/Year)	Spouse Social Security #	Spouse/Parent Badge#
Select one of the following options for your medical coverage: Vision		
☐ Single or ☐ Family ☐ Single ☐ Family		
☐ Cigna PPO/OAP A ☐ Cigna PPO/OAP B ☐ No N	Medical MetLife Vision	No Vision
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)  Gender (M/F)  Birth Date  Social Security Numbers		
Omestic Mame (Last/First/MI)  Mame (Last/First/MI)	Gender (M/F) Birth Date	Social Security Numbers
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. If I should leave the CTA, for any reason, the balance of my indebtedness will be deducted from my last paycheck.		
Signature Date		

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Processed by Benefit Services