

# Healthcare Election Form

## ALL FULL-TIME ATU BARGAINED EMPLOYEES

### CHICAGO TRANSIT AUTHORITY

Fax Form to (312) 275-8722, Email Form to [benefits@transitchicago.com](mailto: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: <input type="checkbox"/> Male <input type="checkbox"/> Female	Badge/Payroll #
Last	First	MI	Daytime Phone #
Home Address		Home Phone #	Cell Phone # (optional)
City/State/Zip		Union	Location/Area
Date of Birth (Month/Day/Year)	Date of Hire (Month/Day/Year)	Is Spouse/Parent a CTA employee? <input type="checkbox"/> YES <input type="checkbox"/> NO	Spouse/Parent Name
Name of Spouse	Date of Marriage (Month/Day/Year)	Spouse Social Security #	Spouse/Parent Badge#

**Select from the following options:**

Medical	Dental	Vision
<input type="checkbox"/> Single <input type="checkbox"/> Family	<input type="checkbox"/> Single <input type="checkbox"/> Family	<input type="checkbox"/> Single <input type="checkbox"/> Family
<input type="checkbox"/> Cigna PPO/OAP 2 <input type="checkbox"/> Cigna PPO/OAP 3	<input type="checkbox"/> Cigna Dental PPO <input type="checkbox"/> Cigna DHMO <input type="checkbox"/> No Dental	<input type="checkbox"/> MetLife Vision <input type="checkbox"/> No Vision

Civil Partner	Domestic Partner	Spouse	Son	Daughter	Stepchild	Adopted	Name (Last/First/MI)	Gender (M/F)	Birth Date	Social Security Numbers	
							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.				

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** \_\_\_\_\_

<input type="checkbox"/> <b>Opt-Out Provision</b>	
<b>Opting out of Insurance Plans for Year:</b>	I elect not to enroll in the medical plans provided by the Chicago Transit Authority and have provided a certificate of insurance from my alternate carrier. I understand that I must provide a certificate of insurance every year, during open enrollment, to qualify for the Opt-Out Provision for the following calendar year.
<b>Signature</b> _____	<b>Date</b> _____