

CHICAGO BENEFITS OFFICE
Alternative Coverage Enrollment Form

Eligibility for Alternative Coverage will be determined by the Chicago Benefits Office (CBO) after receiving the completed enrollment form. If you have questions regarding the form, contact the Benefits Service Center at 1-877-299-5111. This form may also be mailed to the City of Chicago, Benefits Service Center at P.O. Box 534077, St. Petersburg, Florida 33747-4077 or faxed to 312-742-0471.

Please select one of the following:

Coverage Type

Prospective Coverage: I elect to secure coverage for myself, my spouse, and/or dependent(s), the first of the following month

Retroactive Coverage: I elect to secure coverage for myself, my spouse, and/or dependent(s) from the date of the event (marriage, birth, or hire)

Employee Name

Spouse's/Civil Union/Domestic Partner's Name
(only required if requesting coverage)

Employee Identification Number

Note: Please contact the BSC to provide the dependent's Social Security Number

Employee Phone Number

Signature

Signature

Please call (312) 745-3189 to speak with a Chicago Benefits Office representative to determine your eligibility for Alternative Coverage and confirm the amount due.

You may submit your payment online at www.cityofchicagobenefits.org or mail your check or money order to the City of Chicago, 7507 Solution Center, Chicago, IL 60677-7005.

If you mail your payment, the City of Chicago is not responsible for any lost or late payments.

Please add Employee ID and ALT-COV to memo section of the check

Additional Dependents *(additional dependents may be added to the back page)*

Name