

Healthcare Election Form

PART-TIME EMPLOYEES

CHICAGO TRANSIT AUTHORITY
 HR Benefit Services - 567 W. Lake Street, Chicago, Illinois 60661-1465

Check all that apply: New Employee Change in Spouse/Dependent Information
 Adding Dependents Deleting Dependents

| | | | | |
|--------------------------------|-------|-----------------------------------|--|-------------------------|
| Name | | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Badge/Payroll # |
| Last | First | MI | Social Security # | 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 a CTA employee? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 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 Waiving Medical Insurance

| | | | | | | | | 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. | |
|---------------|------------------|--------|-----|----------|-----------|---------|----------------------|---|--|
| Civil Partner | Domestic Partner | Spouse | Son | Daughter | Stepchild | Adopted | Name (Last/First/MI) | Birth 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.

Signature _____

Date _____