

**EMPLOYEE SELECTION FORM FOR MEDICAL INSURANCE  
FOR THE PLAN YEAR OF JUNE 1, 2019 TO MAY 31, 2020**

I, \_\_\_\_\_, hereby make the following selection for my group health insurance coverage for the plan year of June 1, 2019 through May 31, 2020.

\_\_\_\_\_ **OPTION 1 – HMO – Platinum Blue Care Direct – Advocate Only (P506BCH). PCP Information found at the end of this form must be completed.**

**IF YOU SELECT THIS OPTION 1, PLEASE SIGN AND DATE THE FORM BELOW AND COMPLETE THE ATTACHED FLEXIBLE SAVINGS ACCOUNT FORM INDICATING IF YOU WANT THE CONTRIBUTION TO BE MADE ON PRE-TAX OR AFTER-TAX BASIS.**

**YOU MUST SELECT ONE OF THE BELOW CLASSES OF COVERAGE:**

\_\_\_\_\_ Employee Only Coverage – Medical, Dental and Vision

\_\_\_\_\_ Employee Plus Spouse – Medical, Dental and Vision

\_\_\_\_\_ Employee Plus Child(ren) Coverage – Medical, Dental and Vision

\_\_\_\_\_ Family Coverage – Medical, Dental and Vision

\_\_\_\_\_ **OPTION 2 – HMO – Platinum Blue Precision (P506PSN). PCP Information found at the end of this form must be completed.**

**IF YOU SELECT THIS OPTION 2, PLEASE SIGN AND DATE THE FORM BELOW AND COMPLETE THE ATTACHED FLEXIBLE SAVINGS ACCOUNT FORM INDICATING IF YOU WANT THE CONTRIBUTION TO BE MADE ON PRE-TAX OR AFTER-TAX BASIS.**

**YOU MUST SELECT ONE OF THE BELOW CLASSES OF COVERAGE:**

\_\_\_\_\_ Employee Only Coverage – Medical, Dental and Vision

\_\_\_\_\_ Employee Plus Spouse – Medical, Dental and Vision

\_\_\_\_\_ Employee Plus Child(ren) Coverage – Medical, Dental and Vision

\_\_\_\_\_ Family Coverage – Medical, Dental and Vision

\_\_\_\_\_ **OPTION 3 – PPO – Blue Options (G506OPT).**

**IF YOU SELECT THIS OPTION 3, PLEASE SIGN AND DATE THE FORM BELOW AND COMPLETE THE ATTACHED FLEXIBLE SAVINGS ACCOUNT FORM INDICATING IF YOU WANT THE CONTRIBUTION TO BE MADE ON PRE-TAX OR AFTER-TAX BASIS.**

**YOU MUST SELECT ONE OF THE BELOW CLASSES OF COVERAGE:**

\_\_\_\_\_ Employee Only Coverage – Medical, Dental and Vision

\_\_\_\_\_ Employee Plus Spouse – Medical, Dental and Vision

\_\_\_\_\_ Employee Plus Child(ren) Coverage – Medical, Dental and Vision

\_\_\_\_\_ Family Coverage – Medical, Dental and Vision

I understand that the selection of Option 1, 2, or 3 will require a premium contribution from me, to be made through payroll deduction, and that my selection cannot be changed during the plan year of June 1, 2019 to May 31, 2020. I also understand that these payroll deductions are delayed by three pay periods from the start of the Plan Year. I also agree to allow the District to deduct any premium contribution that may be due from me upon my termination of employment.

\_\_\_\_\_ **I have had a chance to review all of the options offered by the District and wish to waive the following coverage:**

**IF WAIVING, YOU MUST SELECT ONE OF THE BELOW WAIVERS:**

\_\_\_\_\_ Waiving Medical, Dental and Vision Coverage

\_\_\_\_\_ Waiving Medical and Dental Coverage Only

\_\_\_\_\_ Waiving Dental and Vision Coverage Only

\_\_\_\_\_ Waiving Medical Coverage Only

\_\_\_\_\_ Waiving Dental Coverage Only

\_\_\_\_\_ Waiving Vision Coverage Only

I have read and understand the above information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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CONTINUE TO NEXT PAGE FOR PCP INFORMATION...



DOWNERS GROVE SANITARY DISTRICT FLEXIBLE COMPENSATION PLAN

AUTHORIZATION FOR BEFORE-TAX OR AFTER-TAX GROUP MEDICAL INSURANCE CONTRIBUTIONS

JUNE 1, 2019 – MAY 31, 2020

**PURPOSE OF THIS FORM AND IMPORTANT NOTICE**

*This form is used to elect pre-tax (premium conversion) under the Downers Grove Sanitary District Flexible Compensation Plan (the "Plan") of employee premium contributions or after-tax treatment of employee premium contributions for group health coverage. You must return this form to Clay Campbell on or before May 31, 2019.*

**I. PARTICIPANT INFORMATION**

Last Name	First Name	MI	Last Four of SSN
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**II. ELECTION TO PARTICIPATE IN PREMIUM CONVERSION (COMPLETE THIS SECTION FOR PRE-TAX BASIS ONLY)**

Enroll me in the Premium Conversion for group health coverage (The first box in Section III must also be checked if you select this option).

I authorize Downers Grove Sanitary District to deduct the total required premium contribution under the Flexible Spending Account Premium Conversion Benefit from my paychecks paid beginning July 17, 2019 (Supervisors) and July 19, 2019 (Hourly). The deductions will be made in equal amounts from each paycheck. These amounts will be deposited into an account maintained by the Downers Grove Sanitary District and used for my premium conversion payment. This is my initial opportunity to participate in the Premium Conversion Benefit.

**III. ELECTION TO PARTICIPATE/WAIVE PARTICIPATION IN PREMIUM CONVERSION BENEFIT (CHOOSE ONE)**

I elect to have the entire required portion of my group health insurance premium contribution deducted from my pay on a **pre-tax** basis.

I elect to waive participation in the Plan's Premium Conversion Benefit. I would like to have my entire monthly required group health insurance premium contribution deducted from my pay on an **after-tax** basis.

I understand that I may only change my premium deductions to either an after-tax or pre-tax basis during a subsequent open enrollment period or upon a Qualifying Life Event as described in the Summary Plan Description.

**IV. ATTESTATIONS**

I understand that the election I have made above will take effect no earlier than June 1, 2019 and will remain in effect unless a Qualifying Life Event as described in the Summary Plan Description occurs or I elect to change my premium deductions to either an after-tax or pre-tax basis during a subsequent open enrollment period. I also understand that I cannot transfer money between my health care reimbursement account, my dependent care reimbursement account, or this premium conversion account, if I participate in any of those accounts.

**Finally, I understand that if I have selected the pre-tax contribution (Premium Conversion Benefit), the amount(s) withheld will reduce my gross wages for purposes of calculation of any benefits that I may be entitled to under either Social Security or the Illinois Municipal Retirement Fund.**

I hereby agree to have the Downers Grove Sanitary District reduce my pay in the manner I have designated above.

Signature: \_\_\_\_\_

Date:     /     /

**V. TO BE COMPLETED BY PAYROLL/PERSONNEL STAFF**

Approved

Disapproved

Effective Date: 06/01/2019

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Note: This list is updated as of 3/1/18 - please also note that this list is not a guarantee of coverage. Provider Finder should

PFIN ID	Organization Name	Service Address 1	Service City	Ser	BAV (Blue Precision HMO)	BCE (Blue Choice PPO Preferred)	BCS (Blue Choice PPO)	PPO (Preferred Provider Option)
0000050667	ADVENTIST BOLINGBROOK HOSPITAL	500 REMINGTON BLVD	BOLINGBROOK	IL	X	X	X	X
0000000090	ADVENTIST GLEN OAKS HOSPITAL	701 WINTHROP AVE	GLENDALE HEIGHTS	IL	X	X	X	X
0000000020	ADVENTIST HINSDALE HOSPITAL	120 N OAK ST	HINSDALE	IL	X	X	X	X
0000000399	ADVENTIST LAGRANGE MEMORIAL HOSP	5101 S WILLOW SPRINGS RD	LA GRANGE	IL	X	X	X	X
0000000339	ADVOCATE CHRIST HOSP MED CNTR	4440 W 95TH ST	OAK LAWN	IL	X			X
0000000077	ADVOCATE GOOD SAMARITAN HOSPITAL	3815 HIGHLAND AVE	DOWNERS GROVE	IL	X			X
0000051914	ADVOCATE HOPE CHILDRENS HOSPITAL	4440 W 95TH STREET	OAK LAWN	IL	X			X
0000000363	CENTRAL DUPAGE HOSPITAL	25 N WINFIELD RD	WINFIELD	IL	X			X
0000000010	COPLEY MEMORIAL HOSPITAL	2000 OGDEN AVE	AURORA	IL	X	X	X	X
0000000009	DELINOR COMMUNITY HOSPITAL	300 RANDALL RD	GENEVA	IL	X			X
0000000312	EDWARD HOSPITAL	801 S WASHINGTON ST	NAPERVILLE	IL	X	X	X	X
0000000012	ELMHURST MEM HOSPITAL MAIN CAMPUS	155 E BRUSH HILL RD	ELMHURST	IL	X	X	X	X
0000000021	HOLY CROSS HOSPITAL	2701 W 68TH ST	CHICAGO	IL	X	X	X	X
0000000026	JACKSON PARK HOSPITAL	7531 S STONY ISLAND AVE	CHICAGO	IL	X			X
0000000001	JOHN H STROGER JR HOSP COOK CNTY	1901 W HARRISON ST	CHICAGO	IL	X	X	X	X
0000000195	KINDRED CHGO CENTRAL HOSPITAL	4058 W MELROSE ST	CHICAGO	IL	X	X	X	X
0000058611	KINDRED HOSP CHICAGO LAKESHORE	6130 N SHERIDAN RD	CHICAGO	IL	X	X	X	X
0000054217	KINDRED HOSPITAL CHICAGO NORTH	2544 W MONTROSE AVE	CHICAGO	IL	X	X	X	X
0000000160	LA RABIDA CHILDRENS HOSPITAL	6501 S PROMONTORY DR	CHICAGO	IL	X	X	X	X
0000000497	LINDEN OAKS HOSPITAL	801 S WASHINGTON STREET	NAPERVILLE	IL	X	X	X	X
0000000031	LORETTO HOSPITAL	645 S CENTRAL AVE	CHICAGO	IL	X			X
0000000500	LOYOLA UNIVERSITY MEDICAL CENTER	2160 S FIRST AVE	MAYWOOD	IL	X	X	X	X
0000000080	LURIE CHILDRENS HOSPITAL CHGO	225 E CHICAGO AVE	CHICAGO	IL	X			X
0000000007	MARIANJOY REHABILITATION HOSPITAL	26W171 ROOSEVELT RD	WHEATON	IL	X	X	X	X
0000000035	MERCY HOSPITAL AND MEDICAL CENTER	2525 S MICHIGAN AVE	CHICAGO	IL	X	X	X	X
0000000085	METHODIST HOSPITAL OF CHICAGO	5025 N PAULINA ST	CHICAGO	IL	X	X	X	X
0000000177	MORRIS HOSPITAL	150 W HIGH ST	MORRIS	IL	X	X		X
0000000038	MOUNT SINAI HOSPITAL	1500 S CALIFORNIA	CHICAGO	IL	X	X	X	X
0000000087	NORTHWESTERN MEMORIAL HOSPITAL	251 E HURON	CHICAGO	IL	X			X
0000000039	NORWEGIAN AMERICAN HOSPITAL	1044 N FRANCISCO AVE	CHICAGO	IL	X	X	X	X
0000000052	PALOS COMMUNITY HOSPITAL	12251 S 80TH AVE	PALOS HEIGHTS	IL	X	X	X	X
0000000057	PRESENCE MERCY MEDICAL CENTER	1325 N HIGHLAND AVE	AURORA	IL	X	X	X	X
0000000269	PRESENCE RESURRECTION MED CTR	7435 W TALCOTT AVE	CHICAGO	IL	X	X	X	X
0000000415	PRESENCE ST JOSEPH HOSP CHICAGO	2900 N LAKE SHORE DR	CHICAGO	IL	X	X	X	X
0000000055	PRESENCE ST JOSEPH HOSP ELGIN	77 N AIRLITE ST	ELGIN	IL	X	X	X	X
0000000056	PRESENCE ST JOSEPH MEDICAL CTR	333 N MADISON ST	JOLIET	IL	X	X	X	X
0000000006	PRESENCE ST MARY ELIZABETH MDCT	2233 W DIVISION ST	CHICAGO	IL	X	X	X	X
0000000093	PROVIDENT HOSPITAL OF COOK COUNTY	500 E 51ST ST	CHICAGO	IL	X	X	X	X
0000051576	RML CHICAGO	3435 W VAN BUREN	CHICAGO	IL	X	X	X	X
0000000305	RML SPECIALTY HOSPITAL	5601 S COUNTY LINE RD	HINSDALE	IL	X	X	X	X
0000000045	ROSELAND COMMUNITY HOSPITAL	45 W 111TH ST	CHICAGO	IL	X			X
0000000040	RUSH OAK PARK HOSPITAL	520 S MAPLE AVE	OAK PARK	IL	X			X
0000050462	RUSH UNIVERSITY MEDICAL CENTER	1653 W CONGRESS PKWY	CHICAGO	IL	X			X
0000000210	SAINT ANTHONY HOSPITAL	2875 W 19TH ST	CHICAGO	IL	X	X	X	X
0000000353	SCHWAB REHABILITATION HOSPITAL	1401 S CALIFORNIA AVE	CHICAGO	IL	X	X	X	X
0000000354	SHIRLEY RYAN ABILITY LAB	345 E SUPERIOR ST	CHICAGO	IL	X			X
0000051994	SHRINERS HOSPITALS FOR CHILDREN	2211 NORTH OAK PARK AVE	CHICAGO	IL	X			X
0000000064	SILVER CROSS HOSPITAL	1900 SILVER CROSS BLVD	NEW LENOX	IL	X			X
0000000066	SOUTH SHORE HOSPITAL	8012 SOUTH CRANDON AVENUE	CHICAGO	IL	X			
0000000398	ST ALEXIUS MEDICAL CENTER	1555 BARRINGTON RD	HOFFMAN ESTATES	IL	X	X	X	X
0000000047	ST BERNARD HOSPITAL	326 W 64TH ST	CHICAGO	IL	X	X	X	X
0000000049	ST ELIZABETH HOSPITAL CHICAGO	1431 N CLAREMONT AVE	CHICAGO	IL	X	X	X	X
0000000067	SWEDISH COVENANT HOSPITAL	5145 N CALIFORNIA AVE	CHICAGO	IL	X	X	X	X
0000000112	THE UNIVERSITY OF IL MEDICAL CTR	1740 W TAYLOR ST	CHICAGO	IL	X	X	X	X
0000000002	THOREK MEMORIAL HOSPITAL	850 W IRVING PARK RD	CHICAGO	IL	X	X	X	X
0000000401	UNIVERSITY OF CHICAGO MEDICAL CEN	5841 S MARYLAND AVE	CHICAGO	IL	X			X
0000050073	WEISS MEMORIAL HOSPITAL	4646 N MARINE DR	CHICAGO	IL	X	X	X	X
0000051587	WEST SUBURBAN MEDICAL CENTER	3 ERIE COURT	OAK PARK	IL	X	X	X	X