

State Employees' Group Insurance Program
Special Enrollment Period - Eligibility Certification Statement
 For Use ONLY During the Special Enrollment Period
May 1 thru July 31, 2009

Member Information					
Last Name	First Name (legal)	Middle Name	Social Security Number (required)	Work Phone #	
Residential Street Address		City	State	Zip	Home Phone #
Dependent Information					
Name (legal) (First Middle Last)	SSN (Required)	Date of Birth ¹	Provider Identifier (managed care only)	Sex (M/F)	Other Coverage ² (Y/N)

¹ If you have dependents with the same birth date including year (e.g. twins), in addition to the birth date you must put a #1 in the **Date of Birth (DOB) field** on the line of the child who was born first; put a #2 in the DOB field for the child who was born second, etc.

² If your dependent has other group health or dental coverage, including Medicare, you must provide a copy of the front and back of the card to your GIR.

Check One	Category	Requirements and Documentation
	Sponsored Adult Child Non-IRS	Unmarried child age 19 up to, but not including, age 26. Premiums are not tax exempt. Member must pay 100% of cost for coverage (member plus State-paid portion). A Birth Certificate is required.
	Sponsored Adult Child IRS Dependent	Unmarried child age 19 up to, but not including, age 26 and eligible to be claimed as a dependent for income tax purposes by the member. A Birth Certificate is required.
	Veteran Adult Child Non-IRS	Unmarried child age 19 up to, but not including, age 30 and must be an Illinois resident. Premiums are not tax exempt and member must pay 100% of cost for coverage (member plus State-paid portion). Proof of Illinois residency, Veterans' Affairs release form DD-214 (or equivalent) and a Birth Certificate are required.
	Veteran Adult Child IRS Dependent	Unmarried child age 19 up to, but not including, age 30, and must be an Illinois resident and eligible to be claimed as a dependent for income tax purposes by the member. Proof of Illinois residency, Veterans' Affairs release form DD-214 (or equivalent) and a Birth Certificate are required.
	Student Medical Leave of Absence	Unmarried child age 19 up to, but not including, age 23 enrolled as a student in an accredited school but is on a medical leave of absence or reduced course load to part time due to a catastrophic illness or injury and eligible to be claimed as a dependent for income tax purposes by the member. Maximum coverage period of one year or attainment of age 23, whichever comes first. Clinical certification of need for part-time student status or medical leave from a licensed physician required.

I authorize premiums as established annually to be deducted from my pay for those plans I have selected. I understand that if my paycheck is insufficient or if I am not on payroll, I will be direct billed. I hereby certify that under penalty of perjury, the information contained in this form is complete and true. I agree to abide by all Group Insurance Program rules. I agree to furnish additional information requested for enrollment or administration of the plan I have elected. I understand it is my responsibility to review my paycheck and verify the amounts of the insurance deductions are accurate. I understand that if my deductions are not correct I must immediately contact my GIR. Falsification of the information contained on this form may result in discipline up to and including discharge.

Member Signature: _____ Date: _____

GIR/P USE ONLY: Effective Date: _____

GIR/GIP SIGNATURE: _____ DATE: _____