

LOCAL GOVERNMENT HEALTH PLAN (LGHP)

BENEFIT CHOICE ELECTION FORM

Enrollment Period May 1 through May 31, 2023

Complete This Form Only If Changing Your Benefits

SECTION A: MEMBER INFORMATION

Last Name:	First Name:
Primary Phone #:	Alternate Phone #:
Email Address:	SSN:

SECTION B: HEALTH PLAN ELECTION (complete only if changing health plans)

Health Plan Election*

Elect One:

- Local Care Health Plan (LCHP)
- Local Consumer-Driven Health Plan (LCDHP)
- Health Maintenance Organization (HMO)
 - Aetna HMO
 - BlueAdvantage HMO
 - Health Alliance HMO
 - HMO Illinois
- Open Access Plan (OAP)
 - Aetna OAP
 - Blue Cross Blue Shield OAP
 - HealthLink OAP

If you selected an HMO or an OAP, you must complete the following:

Carrier Name: _____

If you elected an HMO, also complete the field below:

Nation Provider Identifier (NPI) (10 digits required):

(NPI's can be found on the health plan's website)

If you elected HMO Illinois or BlueAdvantage HMO, you must complete the following:

Medical Group # (3 digits): _____

* If you have another health insurance plan, including Medicare, you must send a copy of your and/or your dependent(s)' other insurance card to your HPR. The copy must include the front and back of the card.

SECTION C: DEPENDENT INFORMATION¹ (dependents will be enrolled with the same coverage that you have)

HEALTH			Name	SSN (REQUIRED)	Birth Date	Relationship ²	Sex (M/F)	National Provider Identifier (HMOs only)	Medical Group Number
A (Add)	D (Drop)	C (Change)						If HMO IL or BlueAdvantage HMO add 3-digit Medical Group # °	
A	D	C							

Note: ¹Documentation required to add dependents – see specific documentation requirements on the instruction sheet.

²Relationship categories are on the instruction sheet

This authorization will remain in effect until I provide written notice to the contrary. The information contained in this form is complete and true. I agree to abide by all Local Government Health Plan rules. I agree to furnish additional information requested for enrollment or administration of the plan I have elected.

MEMBER SIGNATURE: _____ DATE: _____

HPR SIGNATURE: _____ DATE: _____

Send completed form to your unit's HPR no later than May 31, 2023.