MEMBERSHIP CORRECTION FORM

Member Name: _____ Corrected Name: _____

SSN: _____ Corrected SSN: _____

Date of Birth (DOB): _____ Corrected DOB: _____

Org. Proc Code (OPC): _____

MEMBER GROUP	CHANGE TO	START DATE	END DATE
☐ Type Enrollee			
☐ Part-time %			
☐ Deduct Freq.			
☐ Org. Proc. Code			
☐ Payroll Agency			
☐ Work County			
☐ Pay Schedule			

Changing from FT active on payroll to a LOA being off payroll (ex: 10xx to 60xx) or vice versa.

Make sure the last transaction entry listed is the current type code to present date.

(additional space is provided for multiple type enrollee code changes)

Changing from FT/PT or PT/FT. Changes in PT % will alter basic life units (BLUs), please note that change below.

All deduct frequency effective dates are the 1st of the month.

Transferring from one agency OPC to another agency OPC.

Payroll Agency: First 3 digits of agency OPC.

County in which the member works.

Pay schedule attached to the agency OPC.

MEMBER LIFE	CHANGE TO	START DATE	END DATE
☐ Est. Ann. Salary			
☐ Basic Life Units			

Estimated annual salary (EAS) only changes for Reduction, Retirement or Return to state employment from termination or Retirement at a different salary.

Basic life units (BLUs) are affected by any change in base pay, including changes in part-time %.

Other/Additional Comments:

GIR Name: _____ *Date:* _____

GIR Phone #: _____

*****Attach all supporting documentation and email to CMS.Ben.MbrshipUnit@Illinois.gov ******