

# CHICAGO BENEFITS OFFICE

Alternative Coverage Enrollment Form

**Eligibility for Alternative Coverage will be determined by the Chicago Benefits Office (CBO) after receiving the completed enrollment form and the requested supporting documentation. If you have questions regarding the form, contact the Benefits Service Center at 1-877-299-5111. This form can be faxed to 312-747-8661. You may also mail the form to the City of Chicago, Benefits Service Center at P.O. Box 534077, St. Petersburg, Florida 33747-4077.**

**Please select one of the following:**

### Coverage Type

- Prospective Coverage: I elect to secure coverage for myself, my spouse, and/or dependent(s), the first of the following month
- Retroactive Coverage: I elect to secure coverage for myself, my spouse, and/or dependent(s) from the date of the event (marriage, birth, or hire)

Employee Name

Employee Identification Number

Employee Phone Number

Signature

Signature Date

Dependent's Name:

*(Only required if requesting coverage for a dependent)*

Note: Please contact the BSC to provide the dependent's Social Security Number or TIN

Signature

Signature Date

**Please call (312) 745-3189 to speak with a Chicago Benefits Office representative to determine your eligibility for Alternative Coverage and confirm the amount due.**

If your application is approved, you may submit your payment online at [www.cityofchicagobenefits.org](http://www.cityofchicagobenefits.org) or mail your check or money order to the City of Chicago, 7507 Solution Center, Chicago, IL 60677-7005.

If you mail your payment, the City of Chicago is not responsible for any lost or late payments.

Please add Employee ID and ALT-COV to memo section of the check

### Additional Dependents *(additional dependents may be added to the back page)*

Name