



**Benefit Election Form  
Health and/or Dental Insurance**

**Please return this completed election form with your application for group medical and/or dental insurance. Use the Standard BCBS of Illinois Application and Policy Change form.**

\_\_\_\_\_ I am applying for the Family plan described on the plan Highlight Sheet.

\_\_\_\_\_ \$500 Deductible    \_\_\_\_\_ \$2000 Deductible    \_\_\_\_\_ HSA Option

\_\_\_\_\_ I am applying for the Single plan described on the plan Highlight Sheet.

\_\_\_\_\_ \$500 Deductible    \_\_\_\_\_ \$2000 Deductible    \_\_\_\_\_ HSA Option

\_\_\_\_\_ I am applying for the Single Dental plan described on the plan Highlight Sheet.

I am applying for the Family Dental plan (check one, below)

\_\_\_\_\_ **with** Orthodontics through age 19    \_\_\_\_\_ Without Orthodontics

SEND QUARTERLY BILLS TO:    \_\_\_\_\_ My Office    \_\_\_\_\_ My Home

Signature \_\_\_\_\_ Date \_\_\_\_\_ LCMS Member \_\_\_\_\_ or Employee \_\_\_\_\_

PRINT Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Medical Practice \_\_\_\_\_

**FEIN (Tax ID#)** \_\_\_\_\_

Note: FEIN is required unless you are paying by personal check.

NOTE: You may change your choice of deductibles once a year, at contract renewal time (July 1). Open enrollment is held annually in May for the Dental Insurance ONLY. There is **no Open Enrollment** for our medical insurance plans. However, there are Special Enrollment opportunities when specific Qualifying Events occur, as described in the LCMS Administrative Policy. Call 847-482-0222 for a current copy. Rates are subject to change annually on July 1. Benefits can occur during a plan year with notice to enrollees.

<b><u>QUARTERLY RATES -- July 1, 2011 to June 30, 2012</u></b>					
<b><u>PPO Health Plan</u></b>		<b><u>PPO Health Plan</u></b>		<b><u>Dental</u></b>	
<b><u>\$500 Deductible</u></b>		<b><u>\$2000 Deductible</u></b>			
Family	\$5,772.00	Family	\$4,608.00	Family	\$417.00
Single	\$3,012.00	Single	\$2,403.00	Single	\$186.00
Medicare	\$1,362.00			Family w/Ortho	\$486.00
<b>HSA Option:</b> Family \$4,530.00    Single \$2,352.00    (You must have an HSA account established.)					

Address: Lake County Medical Society, 810 S. Waukegan Rd., Suite 104, Lake Forest IL 60045  
Tel: 847-482-0222    Fax: 847-574-0445    em: LakeDocs@aol.com