

**Newly Eligible EMPLOYEE ELECTION FORM & Acknowledgment of  
Notice of Health Insurance Availability for Employees**

(This form can accompany but cannot replace the Initial COBRA Notice for groups subject to COBRA.)

Date \_\_\_\_\_ Employee \_\_\_\_\_

Employer \_\_\_\_\_ Employment Date \_\_\_\_\_

I understand that enrollment in the **Lake County Medical Society (“LCMS”)** group medical (and/or dental) insurance plan with Blue Cross Blue Shield of Illinois is available to me and my dependents as a new 30 hr/wk (20 hr/wk for dental) employee of an LCMS member, an employee of a newly elected member or of a newly participating group. I can pay for the insurance myself if my employer does not pay for health benefits. I am aware that the Initial Eligibility for enrollment is available only if I make application **during the first 30 days of active employment**. The 12 mo. waiting period for preexisting conditions will be reduced by the number of months of prior creditable coverage I (or my dependents) have had without a lapse of 63 days. I understand that the insurance can become effective as soon as 30 days following the date of hire, or following the probationary employment period. Continuation coverage is available to eligible enrollees and dependents following employment termination. Continuation eligibility and time periods differ for employer groups based on their size.

Whatever my probationary period may be, **my decision to enroll must be made during the Initial Eligibility period, which is during the first 30 days of employment or other eligibility**. The waiting period before coverage begins will be counted as part of the 12 mo. waiting period for preexisting conditions. I understand that if I choose to retain my present insurance, including COBRA or other continuation coverage, I must wait until it is exhausted to apply for the LCMS group insurance at a later date, called a **Special Enrollment** period. Special Enrollment is also available if I apply within 30 days following Qualifying Events such as changes in family status (births, adoption, marriage, divorce, placement for adoption), following the loss of insurance due to my spouse’s employment termination, or loss of eligibility for coverage, or 60 days after loss of eligibility for Medicaid/CHIP. **There is NO ANNUAL Open Enrollment or Late Enrollment period for the medical plan.**

- \_\_\_\_\_ Yes, I want to apply for enrollment in the LCMS PPO medical plan with \$500 deductible.
- \_\_\_\_\_ Yes, I want to apply for enrollment in the LCMS PPO medical plan with \$2000 deductible.
- \_\_\_\_\_ Yes, I want to apply for enrollment in the LCMS HSA medical plan
- \_\_\_\_\_ Yes, I want to apply for enrollment in the LCMS dental insurance plan.
- \_\_\_\_\_ Yes, I want to add my new spouse (and/or dependents) to my medical insurance policy.
- \_\_\_\_\_ Yes, I want to add my new spouse (and/or dependents) to my dental plan.
  
- \_\_\_\_\_ No, I do NOT want to apply for enrollment in any LCMS group medical insurance plan.
- \_\_\_\_\_ No, I do NOT wish to add my new spouse (and/or dependents) to my health insurance plan.
- \_\_\_\_\_ No, I do NOT wish to enroll for the LCMS dental insurance plan.

**Required: To retain eligibility for Special Enrollment at a later date, you must supply your reason for declining coverage at this time:** \_\_\_\_\_ I have COBRA Continuation;  
\_\_\_\_\_ I have other insurance, \_\_\_\_\_ I have Illinois Continuation or:

Other \_\_\_\_\_

Signed/employee \_\_\_\_\_ Date \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

For more information, or to obtain the current version of the LCMS Administrative Policy with details on eligibility and continuation coverage, call the Lake County Medical Society at 847-482-0222.

