

UNIVERSITY OF ILLINOIS  
AT CHICAGO

Benefits Center (M/C 524)  
715 South Wood Street  
Rm. 305 HRB  
Chicago, Illinois 60612-7341

NAME \_\_\_\_\_  
SS # \_\_\_\_\_  
% Time \_\_\_\_\_ Effective Date \_\_\_\_\_

**PART TIME EMPLOYMENT INSURANCE ELECTION AGREEMENT**

If the percentage of time indicated is 50% or greater, you are eligible to participate in the State Group Insurance Programs. Your participation is entirely VOLUNTARY. **If you choose to participate, you must pay a portion of the premium payment made by the State for full time employees, in addition to the regular employee contribution.** (Your insurance premiums, therefore, will be at a higher rate than insurance under Full Time Status. Please note below that **you do have the option to waive all or a portion of your State Group Insurance Program.**)

Your percentage of employment will be reviewed after each pay period. If there is a change in percentage, your premium will change the following pay period. A new Part Time Employment Insurance Election Agreement should be completed with each change in percent time worked.

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY:**

- **If you are a new hire, you must make your decision within 10 days of accepting part-time employment.**
- **If you are a current employee, you have 60 days to make your decision if you are undergoing a change of employment status.**
- If you elect to participate, you may enroll in:
  - HEALTH, LIFE AND DENTAL
  - HEALTH AND DENTAL
  - LIFE ONLY
- If you elect not to participate within 10 days or 60 days (whichever is applicable) of accepting new part-time work, your next opportunity to enroll will be during the next Benefits Choice Period, effective the next July 1 of the following year, unless you experience a Change in Family Status in the interim period.
- If you elect not to participate and your spouse is a participating State employee, he/she may enroll you as a dependent for these plans.
- If your dependents are not enrolled at the time of initial eligibility, they will have to satisfy insurability requirements before they could be enrolled at a later date.
- With the exception of the conditions stated above for part-time employees, all existing contract provisions and conditions, including eligibility as provided for full-time employees, apply to you.

**PLEASE CHECK ONE:**

\_\_\_\_\_ I want to participate in the HEALTH, LIFE AND DENTAL PLANS, and fully understand and agree to the above conditions.

\_\_\_\_\_ I want to participate in the HEALTH AND DENTAL PLANS, and fully understand and agree to the above conditions.

\_\_\_\_\_ I want to participate in the LIFE PLAN ONLY and fully understand and agree to the above conditions.

\_\_\_\_\_ I DO NOT want to participate and fully understand and agree to the above conditions.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**UIC**