



Request to Postpone Health Benefit Coverage

1. Election to postpone initial coverage: If you or your spouse are employed and have other valid health plan coverage through an employer, you may elect to postpone your coverage under this Plan until you no longer have other health plan coverage. If you elect to postpone coverage for yourself, coverage for your Dependents will also be postponed. Dependents have no right to elect postponement. Reinstatement of coverage for Dependents after postponement will be effective on the date of your coverage reinstatement.

In order to reinstate coverage, you will be required to provide proof of a qualified or enroll during the annual open enrollment. Only eligible dependents can be enrolled.

I hereby elect to postpone enrollment into the Group Health Benefit.

Name: _____

SSN: _____

Date: _____

Signature: _____

HB-0003

Cook County and Forest Preserve District Employees' Annuity & Benefit Fund

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