

# Demographic Information

Name of Unit: \_\_\_\_\_

Section: I Employees Age	Number of All Participating Employees & Elected Officials		Number of All Participating Annuitants with Medicare A & B		Number of All Participating Annuitants without Medicare A & B	
	Male	Female	Male	Female	Male	Female
Less than 25						
25 - 29						
30 - 34						
35 - 39						
40 - 44						
45 - 49						
50 - 54						
55 - 59						
60 - 64						
65 - and over						
<b>Section: II Employees and Dependents</b>	All Non-Medicare Employees _____	Employees W/1 Non-Medicare Dependent _____	Employees W/2+ Non-Medicare Dependents _____	All Medicare Employees _____	Employees W/Medicare Dependents _____	
Section: III Employee's Dependents Age	Number of All Participating Employee Dependents		Number of All Participating Annuitants with Medicare A & B		Number of All Participating Annuitants without Medicare A & B	
	Male	Female	Male	Female	Male	Female
Less than 1						
1 - 2						
3 - 10						
11 - 15						
16 - 24						
25 - 29						
30 - 34						
35 - 39						
40 - 44						
45 - 49						
50 - 54						
55 - 59						
60 - 64						
65 - and over						

# Local Government Health Plan Rate Tier Survey

Please complete and return to:  
 Local Government Health Plan  
 P.O. Box 10105 or fax to: (217) 524-7541  
 Springfield, Illinois 62791

## General Information

Name of Unit: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Email address: \_\_\_\_\_

Date: \_\_\_\_\_

Does unit currently provide group health benefits to its:

	Yes	No
Employees	<input type="text"/>	<input type="text"/>
Annuitants	<input type="text"/>	<input type="text"/>
Dependents	<input type="text"/>	<input type="text"/>
Elect. Officials	<input type="text"/>	<input type="text"/>

What is the policy period or termination date of current health coverage?

\_\_\_\_\_

	Yes	No
Are dental benefits currently provided:	<input type="text"/>	<input type="text"/>
Are vision benefits currently provided:	<input type="text"/>	<input type="text"/>

What percentage of the premium is/will be paid by the unit for its:

Employees	_____ %
Annuitants	_____ %
Dependents	_____ %
Elected Officials	_____ %

## Instructions:

Please read before completing Demographic Information (see reverse side).

- Section I: Include the demographic information on all full-time employees, and any annuitants and/or elected officials.
- Section II: Employees who will be enrolled should be categorized as either Non-Medicare or Medicare Primary. Of those employees indicate the number that have dependents in the listed categories. Include dependents in dependent categories only if the employees intend to enroll those dependents.
- Section III: Include the demographic information on dependents that you intend to enroll.
- At least 50% of all full time employees of municipalities, rehabilitation facilities, domestic violence shelters and child advocacy centers must participate. School Districts must enroll 50% of their full time employees who have not waived coverage under the district's cafeteria plan.
- Elected officials who receive salary or wages from the unit may also participate regardless of the number of hours worked.
- Each unit has the option to cover annuitants, survivors and part-time employees.