



Illinois Department of Corrections

Administrative Directive

Number: 02.10.101	Title: Group Insurance	Effective: 5/1/2021
-----------------------------	----------------------------------	-------------------------------

Authorized by:	<i>[Original Authorized Copy on File]</i> Rob Jeffreys Acting Director
Supersedes:	02.10.101 effective 8/1/2020

Authority: 730 ILCS 5/3-2-2 820 ILCS 315/3 Department of CMS Group Insurance Manual	Related ACA Standards: 5-ACI-1C-01
Referenced Policies:	Referenced Forms: DOC 0003 – Designation of Beneficiaries in the Event of Death in the Line of Duty

I. POLICY

The Department shall provide information to employees on insurance coverage, enroll employees in the State Group Insurance Program and maintain insurance files on each employee.

II. PROCEDURE

A. Purpose

The purpose of this directive is to provide written instructions to staff for processing group insurance.

B. Applicability

This directive is applicable to all correctional facilities, offices, programs and parole services within the Department; and within the scope and parameters set forth in the Interagency Shared Services Agreement.

C. Facility Reviews

A facility review of this directive shall be conducted at least annually.

D. General Provisions

The Department of Central Management Services (CMS) Group Insurance Manual shall be provided to each Department of Corrections Insurance Preparer by the appointed Insurance Representative in the Springfield General Office. The manual includes instructions on completion of forms and continuation of insurance coverage for employees who are in non-pay status.

E. Requirements

1. Group Insurance Enrollment and Qualifying Changes
 - a. New Employee Information Worksheet shall be completed by new employees upon employment.
 - b. Employees shall contact the MyBenefits Service Center within 30 days of employment to enroll in the Group Insurance Program.
 - c. Employees shall contact the MyBenefits Service Center to make changes in their insurance coverage during open enrollment or with a qualifying event.

	Illinois Department of Corrections Administrative Directive	Page 2 of 3
Number: 02.10.101	Title: Group Insurance	Effective: 5/1/2021

- d. Employees shall contact the MyBenefits Service Center to add dependents and provide proper documentation.

The MyBenefits Service Center can be contacted at:

MyBenefits.illinois.gov

Or 844-251-1777/844-251-1778 TDD/TTY

2. Designation of Beneficiaries

- a. Upon enrolling in the State of Illinois Group Insurance Program, members may complete a CMS Beneficiary Designation Form.
- b. Employees may change life insurance beneficiary designations at any time by filing an appropriate beneficiary designation form with the Group Life Insurance Administrator. The new designation will be effective on the date received by the Administrator.
- c. Upon employment with the Department, an employee may complete a Designation of Beneficiaries in the Event of Death in the Line of Duty, DOC 0003, as provided by the Law Enforcement Officers, Civil Defense Workers, Civil Air Patrol Members, Paramedics, Fireman, Chaplains and State Employees Compensation Act.
- d. Employees may change Line of Duty beneficiary designations at any time by filing an appropriate beneficiary designation form with the Department. The new designation will be effective on the date received by the Department.
- e. The employee shall keep beneficiary designations current.
- f. Beneficiary designation forms shall be available by contacting the facility Insurance Preparer.

3. Direct Payment of Insurance Premiums

- a. On a monthly basis, the CMS Insurance Division will forward a letter to each employee who is in non-pay status to advise the employee of the following:
- (1) The type of insurance coverage shown in the employee's MyBenefits profile;
 - (2) The total amount owed; and
 - (3) The date the premium is due.
- NOTE:** Failure of an employee to make payment may result in CMS filing an involuntary withholding for any past due premiums.
- (4) Failure to submit premium payments within the specified time will result in cancellation of all health, dental and optional life insurance coverage.
 - (a) Optional coverage, including dependent coverage, terminated in this manner will not be reinstated upon the employee's return to payroll.
 - (b) Dependent coverage terminated in this manner can only be reinstated within 60 days of the employee's return to payroll and only if no outstanding balance remains unpaid with CMS.

	Illinois Department of Corrections Administrative Directive	Page 3 of 3
Number: 02.10.101	Title: Group Insurance	Effective: 5/1/2021

- b. Upon receipt of the notification letter from CMS, the employee may continue insurance coverage for health, life, vision and dental insurance by submitting payments directly to CMS at the following address:

Department of Central Management Services
Premiums Collection
P. O. Box 10077
Springfield, Illinois 62791

- c. Employees on approved leaves of absence may continue their group insurance membership and optional coverages for up to two years, or as long as they are receiving a benefit from SERS or under the worker's compensation system.

4. Maintenance of Insurance Files

All insurance related documents shall be maintained in the individual employee's insurance file, separate from personnel related records. The insurance file shall contain:

- a. A copy of the New Employee Information Worksheet referenced in Paragraph II.E.1., as applicable;
- b. The original DOC 0003;
- c. The latest verification statement generated by CMS that reflects the status of all insurance transactions; and
- d. Any notes, letters, change of carrier notifications, and health or life certifications received by the agency.

NOTE: Questions regarding this directive shall be directed to the Springfield General Office Insurance Representative, (217) 557-6010 extension 4494.
