MEMBER RESPONSIBILITIES:

- **Know Your Benefits:**
  
  It is each member’s responsibility to know their benefits and review the information provided in the State of Illinois Benefits Handbook. The Department of Central Management Services (CMS) is the agency that administers the State Employees Group Insurance Program as set forth in the State Employees Group Insurance Act of 1971. Additional information is available at: [www.mybenefits.illinois.gov](http://www.mybenefits.illinois.gov).

- **Payroll Deductions:**
  
  It is your responsibility to ensure payroll deductions are accurate for the insurance coverage and benefit programs you have selected.

- **Life Insurance Beneficiary Form:**
  
  In order to make changes to your life insurance beneficiaries, the necessary change form is available at [www.mybenefits.illinois.gov](http://www.mybenefits.illinois.gov). For current information on your beneficiaries, contact Minnesota Life at 1-888-202-5525.

Notify Human Resources when any of the following occur:

- **Change of Address:**
  
  When you and/or your dependents move, you must update your records. Changing your address can be done online in My Illinois State after logging in with your ULID. Step-by-step instructions on how to change your address are available at [http://hr.illinoisstate.edu/downloads/HomeMailing_Address_Change.pdf](http://hr.illinoisstate.edu/downloads/HomeMailing_Address_Change.pdf).

- **Life-Changing Events:**
  
  Failure to notify Human Resources within 60 days of a life-changing event, such as a birth, marriage, etc. will prevent you from being able to change insurance coverage until the next Benefit Choice period. Refer to the State of Illinois Benefits Handbook for a listing of qualifying changes in status.

- **Dependent Loss of Eligibility:**
  
  Dependents no longer eligible under the State Employees Group Insurance Program (including divorced spouses) must be reported. Failure to report an ineligible dependent is considered a fraudulent act and will result in the loss of premium refund, termination of dependent coverage under the program, and the potential loss of COBRA continuation rights.

- **Other Coverage:**
  
  If you have group coverage provided by a plan other than the State Insurance Program, or if you or your dependent gain other coverage during the plan year, you must provide that information to Human Resources.

  *When changes are made, the State of Illinois sends the member a confirmation form indicating the change. **It is your responsibility to review the verification form to make sure the change is correct. Contact Human Resources immediately if the information is incorrect.** For a complete list of member responsibilities, refer to the State of Illinois Benefits Handbook.*

**Important:** Falsifying information/documentation in order to obtain/continue coverage under the Program is considered a fraudulent act. The State of Illinois will impose a financial penalty, including, but not limited to, repayment of all premiums the State made on behalf of the member and/or dependent, as well as expenses incurred by the Program.