

BENEFITS TRANSFER FORM

As a current State of IL employee, we would like to ensure your Benefits are transferred in a timely manner. Your health insurance benefits automatically transfer. If you are currently enrolled in any of these programs please mark the program below to assist with coordinating your transfer from your prior agency:

Deferred Compensation (if currently enrolled, please contact Empower - details below)

Medical Care Assistance Plan (MCAP)

Dependent Care Assistance Plan (DCAP)

Transit (Chicago only)

Parking

None of the above

Employee Name: _____ (printed)

Prior Agency Name: _____

Please scan or fax completed form to:

Melissa Lovelace
217-558-5943
melissa.lovelace@illinois.gov

Empower
myillinoisdcplan.com
(833) 969-4532