

Please complete this form, and return it to John Coffman, County Treasurer before December 31, 2007. This is the ONLY Notification that you will receive.

**IMPORTANT NOTICE
NETWORK CHANGE FORM FOR OGLE COUNTY GROUP HEALTH PLAN**

At the end of each year you have the opportunity to decide which PPO network you want for the following year. Now is the time to decide whether you want to keep your current PPO network for the 2008 year, or if you want to change to another network.

How do you get the most current information about whether or not a provider is in a network? Check with the provider or with the network to make sure that your provider is in the network. Or you can go to the Query Insurance website at <http://www.queryinsurance.com/health.htm> and find links to the various networks.

Effective January 1, 2007, I want:

_____ No change in Networks (No need to respond)

Please change my network to :

_____ ECOH (White Card)

_____ ECOH River-Valley (Blue Card)

Employee's Name (Please Print/Type) Department

Home Mailing Address Daytime Phone

City State Zip Social Security Number

Employee's Signature Date

If this form is not returned, your network will remain the same.