

Welcome to FormFire!

DuPage Airport Authority is using FormFire in conjunction with Wine Sergi to ensure you're getting the best possible medical coverage at the best price. With FormFire, you'll enter your information online one time rather than filling out multiple paper applications. Since your information is stored securely from year to year, next time, you'll only have to verify your information and make any updates.

Creating your account:

To get started, visit <http://www.myformfire.com> and click "Sign Up". You will need the employer code listed below:

6D58B75

DuPage Airport Authority's Employer Code

Frequently Asked Questions

Will this take long?

This depends largely on how much data you have to enter (dependents, medical conditions, etc) and whether you are taking coverage. Also, it is helpful to have the information listed on the next page ready before starting. On average, it takes less than 30 minutes. However, next year, a quick update is all that is required.

Will I be asked medical questions?

In a number of Employer Plan options, or in companies of a certain size, the collection or confirmation of your current medical information is a required part of the application and enrollment process. Please contact your HR representative or benefits broker for more details.

What if I'm waiving coverage?

Even if you're waiving coverage, you must still create an account unless directed otherwise. However, you will not be required to enter any medical information about you or your dependents. On average, it takes someone waiving coverage about 10 minutes to create an account and sign.

What if I have more questions?

After logging in, additional help and answers to frequently asked questions are provided throughout the site, including multiple ways to contact us or your benefits broker.



Please have the following information ready prior to starting:

Information about yourself

- Date of birth (please use MM/DD/YYYY format)
- Date of marriage, if married
- Home address and phone number
- Height and weight
- Name and phone number of your primary care physician
- Your employer's name, your occupation, date of hire, and number of hours worked per week
- If electing Life Insurance coverage, whether your income is reported by W2 or 1099

Information about any dependents

- Full legal name of individuals
- Dates of birth
- Social Security Numbers
- Heights and weights
- Names and phone numbers of primary care physicians

If you have prior or existing medical coverage

- Policy holder's name and Social Security Number
- If the coverage is current, whether or not it will expire or continue when the new coverage becomes effective
- Name, address, and telephone of insurance carrier
- Policy number
- Effective/End dates of coverage
- Coverage type (medical, dental, etc.) and who is covered (e.g., employee only, employee and spouse, etc.)
- Names of covered individuals (e.g., you and your dependents)

In some circumstances *

- Medical Condition Names
- Treatment Dates
- Medications and Dosages
- Any other relevant details

* In a number of Employer Plan options, the collection or confirmation of your current medical information may be required. Please contact your HR representative to know your group's requirements.