



## **Request for Group Insurance Amendment**

Standard Insurance Company  
900 SW Fifth Avenue  
Portland, OR 97204-1282

Employee Benefits Consultant: Christine Pawlak  
Employee Benefits Service Representative: Briana Rawlinson  
Employee Benefits Sales and Service Office: Chicago

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Policyholder: University of Arkansas  
Group Number: 750976

As an authorized representative of the Employer, I request that Standard Insurance Company ("The Standard") amend the above Employer's coverage under the Group Policy to make the following change(s):

Updated Long Term Disability Insurance policy 750976-F as follows:

Update the definition of Member to include UAMS Residents

Update the premium rate for Long Term Disability Insurance to .12 percent of insured Predisability Earnings for UAMS Residents. Current rates for all other Members will remain unchanged. Both of these rates will be guaranteed to January 1, 2022.

Waive the Preexisting Condition Exclusion on July 1, 2021, for UAMS Residents who become Members on July 1, 2021, and were insured on June 30, 2021, under an individual insurance plan offered in connection with employment for the Employer.

Waive the Eligibility Waiting Period on July 1, 2021, for UAMS Residents who become Members on July 1, 2021.

I request that the amendment become effective on 07/01/2021. I understand that the amendment will not become effective unless approved and issued by The Standard.

I request that the amendment be approved by The Standard subject to The Standard's usual underwriting requirements, including, if applicable, Evidence of Insurability or a Pre-existing Condition provision.

I understand that the amendment, if approved by The Standard, will be issued in the policy language customarily used by The Standard.

I understand that any increase in Insurance for a Member who is not Actively At Work all day on the Member's last regular work day before the scheduled effective date of the amendment will be deferred until the first day after the Member completes one full day of Active Work.

I request that the amendment, if approved and issued by The Standard, become effective by its terms without any further acceptance by the Employer, and that a copy of this Request for Group Insurance Amendment form be attached to and made a part of the amendment.

Sign Name:  Title: President  
Authorized Representative

Print Name: Donald R. Bobbitt Date: 1/13/2021