University of Arkansas for Medical Sciences (UAMS) Retiree Benefits Election Form

Retiree	First and Last Name (please pri	int)	Soc. Sec. No.	Date of Birth	Gender (M or F)	Medicare # (if eligible
C					(1.2 0. 2)	
Spouse						
Child						
Child						
Retiree Hom	e Address					<u> </u>
Email			Home or cell phone			
. Medi	cal Insurance < age	65	□No	□Yes *		
	1 11/					
_	1 adult (retiree or spouse)	* Th a C	llaggio Dlan is the on	h. IIA madical incur	anoo mlan om	ntian anailahla ta
	2 adults (retiree + spouse) 1 adult + child(ren)			ly UA medical insur		and not yet eligible
_	2 adults + child(ren)	for Medi	1 , , ,	members who are t	inuer uge 05	unu noi yei eligible
	child(ren) only	jor mean	curc.			
. Medic	cal Insurance for ag	e bot, n	<u>lleaicare-eiig</u>	lible	17	nitial if this applie
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