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

1. Basic Information   Retirement Date _____

List yourself and family members who will continue coverage. <u>No additions are allowed upon Retirement</u>. You must elect coverage for yourself in order to cover your family.

	First and Last Name (please print)	*Soc. Sec. No.*	*Date of Birth*	*Gender (M or F)*	*Medicare # (if eligible)*
Retiree					
Spouse					
Child					
Child					
Retiree Home Address					
Email			*Home or cell phone*		

2. Medical Insurance < age 65   ❑No   ❑Yes *

_____ 1 adult (retiree or spouse)
_____ 2 adults (retiree + spouse)
_____ 1 adult + child(ren)
_____ 2 adults + child(ren)
_____ child(ren) only

* The Classic Plan is the only UA medical insurance plan option available to retired employees and family members who are under age 65 and not yet eligible for Medicare.

3. Medical Insurance for age 65+, Medicare-eligible   *Initial if this applies*

I understand that my campus will request UnitedHealthcare to send me an enrollment kit, but that it is MY RESPONSIBILITY to enroll directly with UnitedHealthcare. I also understand that I must be enrolled in Medicare Part B in order to be eligible.

4. Dental Insurance   ❑No   ❑Yes

If yes, elect a coverage level:

Retiree only	
Retiree and Spouse	
Retiree and Child(ren)	
Retiree, Spouse & Child(ren)	

5. Enhanced Vision Insurance   ❑No   ❑Yes

If yes, elect a coverage level:

Retiree only	
Retiree and Spouse	
Retiree and Child(ren)	
Retiree, Spouse & Child(ren)	

6. Retiree Signature _____   Date: _____

HR Office Only

University of Arkansas HR Office: Send form **securely** to Shana Herron at UMR (shana_herron@umr.comat).

Laurie to send enrollment forms to:
      UMR eligibility _____ (date)
      Arkansas BCBS eligibility _____ (date)
      EyeMed eligibility _____ (date)