

**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. No additions are allowed upon Retirement. 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:** \_\_\_\_\_

**Please return form to DPC (Human Resources):**

**Email: AskHR@uams.edu**

**Fax: 501-686-5386**

**Office: Central Building 4C**