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

| | First and Last Name (please p | rint) | Soc. Sec. No. | Date of Birth | Gender | Medicare # (if eligib |
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| Child | | | | | | |
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| Email | | | | Home or cell pho | one | |
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Fax: 501-686-5386 Office: Central Building 4C