UNIVERSITY OF ARKANSAS GROUP BENEFITS CHANGE FORM

Campus: ☐ASMSA ☐UACCB ☐UACES ☐UAF ☐UALR ☐UAMS ☐UAM ☐UAPB ☐OTHER____

EMPLOYEE LAST NAME	FIRST NAME	MI	BIRTHDATE	SEX	SOC SEC NO or ID NUMBER

NAME CHANGE: FROM:_____ TO:_____EFFECTIVE DATE:_____

ADDRESS CHANGE: _____

OPTIONAL LIFE

☐ADD ☐1X ☐2X ☐3X ☐4X ☐INCREASE FROM_____TO_____ ☐DECREASE FROM_____TO_____ ☐CANCEL COVERAGE	☐EVIDENCE OF INSURABILITY COMPLETED* **Not required for decreases or cancellations.*	EFFECTIVE DATE:_____

DEPENDENT LIFE

☐ADD AMOUNT_____ ☐INCREASE FROM_____TO_____ ☐DECREASE FROM_____TO_____ ☐CANCEL COVERAGE	☐ EVIDENCE OF INSURABILITY COMPLETED* **Not required for decreases or cancellations.* ☐ REASON:_____	EFFECTIVE DATE:_____

OPTIONAL ACCIDENTAL DEATH AND DISMEMBERMENT

☐ADD EMPLOYEE ONLY COVERAGE ☐ADD FAMILY COVERAGE ☐INCREASE FROM_____TO_____ ☐DECREASE FROM_____TO_____ ☐CANCEL COVERAGE	☐ EMPLOYEE COVERAGE OF $_____ ☐ FAMILY COVERAGE OF $_____	EFFECTIVE DATE:_____

OPTIONAL SHORT TERM DISABILITY

☐ADD ☐CANCEL COVERAGE	☐ SALARY ELIGIBILITY OF $45,000 (CLASSIFIED ONLY) ☐ POSITION CHANGE FROM CLASSIFIED TO NONCLASSIFIED ☐ LATE ENROLLMENT (more than 31 days from appointment date. Late Entrant Penalty applies)	EFFECTIVE DATE:_____

OPTIONAL LONG TERM DISABILITY

☐ADD ☐CANCEL COVERAGE	☐ SALARY ELIGIBILITY OF $20,000 ☐ EVIDENCE OF INSURABILITY COMPLETED* **Not required for cancellations.*	EFFECTIVE DATE:_____

BENEFICIARY CHANGES

List below the individual(s) you designate to receive proceeds from your Basic Life Insurance, Optional Life Insurance (if el ected), and Optional Accidental Death & Dismemberment insurance (if elected). Unless otherwise indicated, payment will be made equally to all persons named. If no beneficiary is living at the time of distribution, payment will be made according to the policy terms. This supersedes any other beneficiary designation. The employee is the beneficiary of all dependent death benefits. (If space is needed for additional beneficiary designations, please us a separate page and attach.

P=Primary S=Secondary / B=Basic O=Optional A=Accidental Death & Dismemberment

NAME (Last, First, MI)	SEX	RELATIONSHIP	P/S OR %	BENEFIT CODES
				☐B ☐O ☐AD&D
				☐B ☐O ☐AD&D
				☐B ☐O ☐AD&D
				☐B ☐O ☐AD&D

EMPLOYEE SIGNATURE:_____ Date:_____

BENEFITS REPRESENTATIVE:_____ Date:_____