University of Arkansas Group Benefits Change Form

University of Arkansas at Fort Smith (UAFS)

Last Name	First Name	M.I.	Birth Date	Sex	Employee I.D. 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 Complete (not required for decreases or cancellations)	Effective Date: _____

Dependent Life

☐ Add Amount _____ ☐ Increase From _____ to _____ ☐ Decrease From _____ to _____ ☐ Cancel Coverage	☐ Evidence of Insurability Complete (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 $20,000 ☐ 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 Complete (not required for cancellations)	Effective Date: _____

*Add coverage due to salary increase above $20,000 within the last month; coverage takes effect first of the next month.

Beneficiary Changes

List below the individual(s) you designate to receive proceeds from your Basic Life Insurance, Optional Life Insurance (if elected), 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 use a separate page and attach.)

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

Name (Last, First, M.I.)	Sex	Relationship	P/S or %	Benefit Codes
				☐ B ☐ O ☐ A
				☐ B ☐ O ☐ A
				☐ B ☐ O ☐ A
				☐ B ☐ O ☐ A

Employee Signature:	Date:
Benefits Representative:	Date:

Updated 10/2020