

University of Arkansas Group Benefits Change Form

For Use at these Campuses Only: UACCB UAPTC

Employee Full Name: _____ SSN or Employee ID#: _____ Birthdate: _____

<p>Optional Life</p> <p><i>Maximum coverage is 4x salary, not to exceed \$500,000. This is in addition to the Basic Life Insurance provided by the University.</i></p> <p><input type="checkbox"/> Decrease current coverage (1x, 2x, 3x, 4x base annual salary), from _____X to _____X, effective first of next month</p> <p><input type="checkbox"/> Cancel coverage end of this month</p>				
<p>Dependent Life</p> <p><input type="checkbox"/> Reduce current coverage effective first of next month</p> <p><input type="checkbox"/> Enroll first of next month (only if first dependent gained in last month)</p> <p><input type="checkbox"/> Cancel coverage end of this month</p>			<p>_____ \$20,000 spouse/\$10,000 child</p> <p>_____ \$15,000 spouse/\$7,500 child</p> <p>_____ \$10,000 spouse/\$5,000 child</p>	
<p>How a Current Employee Applies for Optional or Dependent Life Coverage</p> <p>If you are past your first month of benefits eligibility, you must apply directly to the Standard Insurance Company. Evidence of Insurability or Proof of Good Health is required. Contact your Human Resource office for Standard's application form or go to the "Evidence of Insurability" section on The Standard's website at http://www3standard.com. Keep a copy for your records and follow the mailing instructions provided on the application if using the paper form. Standard Insurance will notify your campus Human Resource office if you are approved for coverage so that premiums can be deducted from your pay.</p>				
<p>Optional Long Term Disability (LTD)</p> <p><input type="checkbox"/> Cancel coverage end of this month</p> <p><input type="checkbox"/> Add coverage due to salary increasing above \$20,000 within the last month; coverage takes effect first of next month</p>				
<p>Optional Short Term Disability (STD)</p> <p><input type="checkbox"/> Cancel coverage end of this month</p> <p><input type="checkbox"/> Add coverage due to salary increasing above \$45,000 within the last month; coverage takes effect first of next month</p>				
<p>Accidental Death & Dismemberment (AD&D)</p> <p><input type="checkbox"/> Add or Change AD&D Insurance Coverage to \$_____ (\$25,000 increments up to \$300,000 maximum)</p> <p>Coverage for: ___ Employee Only ___ Employee + Family*</p> <p><input type="checkbox"/> Cancel Coverage</p> <p><i>*If elect Employee + Family, Spouse under age 70 is covered at 60% of your coverage up to a max of \$180,000; Children are covered at 20% of your coverage up to a max of \$25,000.</i></p>				
<p>Beneficiaries</p> <p>List below the individuals you designate to receive proceeds from your Basic Life Insurance (free coverage for benefit-eligible employees), Optional Life Insurance (if elected), and 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. IF space is needed for additional beneficiary designations, complete a second page and attach.</p>				
Beneficiary Name	Gender	Relationship	P= Primary S = Secondary or %	Benefit Plans
				<input type="checkbox"/> Basic Life <input type="checkbox"/> Optional Life <input type="checkbox"/> AD&D
				<input type="checkbox"/> Basic Life <input type="checkbox"/> Optional Life <input type="checkbox"/> AD&D
				<input type="checkbox"/> Basic Life <input type="checkbox"/> Optional Life <input type="checkbox"/> AD&D
				<input type="checkbox"/> Basic Life <input type="checkbox"/> Optional Life <input type="checkbox"/> AD&D
Employee Signature: _____			Date: _____	