

Life, Disability, AD&D Insurance Change Form

Employee Full Name: _____ **SSN or SAP #:** _____ **Birthdate:** _____

Optional Life

Maximum coverage is 4 x salary, not to exceed \$500,000. This is in addition to the Basic Life Insurance provided by the University.

- Decrease current coverage (1x, 2x, 3x, 4x base annual salary), from ___X to ___X, effective first of next month
- Cancel coverage end of this month

Dependent Life

- Reduce current coverage effective first of next month
- Enroll* first of next month (only if first dependent gained in last month)
- Cancel coverage end of this month

* If enrolling, check which option
 ___ \$20,000 spouse/\$10,000 child
 ___ \$15,000 spouse/\$7,500 child
 ___ \$10,000 spouse/\$5,000 child

HOW A CURRENT EMPLOYEE APPLIES FOR OPTIONAL or DEPENDENT LIFE COVERAGE

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. Complete the application online at https://www3.standard.com/w/PA_AmuBridgeWeb/facelets/MuEntry.xhtml. Standard will notify Human Resources if you are approved for coverage, so that premiums can be deducted from your pay.

Optional Long Term Disability (LTD) (Not applicable to FGP Members or Medical Residents/Housestaff)

- Cancel coverage end of this month
- Add coverage due to salary increasing above \$20,000 within the last month; coverage takes effect first of next month

Optional Short Term Disability (STD) (Not applicable to Medical Residents/Housestaff)

- Cancel coverage end of this month
- Add coverage due to salary increasing above \$45,000 within the last month; coverage takes effect first of next month

Accidental Death & Dismemberment (AD&D)

- Add or Change AD&D Insurance Coverage to \$ _____ (\$25,000 increments up to \$300,000 maximum)
 Coverage for : ___ Employee Only ___ Employee + Family **

** 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.

- Cancel coverage

Beneficiaries

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.

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:** _____

Instructions: Send to UAMS Human Resources, 4C Central Building, fax 501-686-5386, or email AskHR@uams.edu