UNIVERSITY OF ARKANSAS

UMR

Benefits administered by:
UMR – Enrollment Services
PO Box 8052, Wausau, WI 54402-8052

7-1-2015 Health Insurance Change

Deliver to Human Resources, 222 ADMN, or fax to (479)-575-6971, no later than June 5, 2015.

REQUESTED ACTION (Check one or more boxes as applicable; note this is not an open enrollment to add coverage)

- ❑ Change from Point of Service to Classic Plan effective 7-1-2015
- ❑ Drop Spouse and/or Dependents listed below effective 6-30-2015
- ❑ Terminate all health insurance coverage effective 6-30-2015

Please confirm the tier coverage you wish to maintain effective 7-1-2015:

- ❑ Employee only
- ❑ Employee + Spouse
- ❑ Employee + Child(ren)
- ❑ Employee + Spouse + Child(ren)
- ❑ No Coverage

EMPLOYEE INFORMATION

NAME (Last, First, Middle Initial)	SOCIAL SECURITY NO.

MAILING ADDRESS	CITY	STATE	ZIP CODE	COUNTY

HOME PHONE NO.	WORK PHONE NO.	MARITAL STATUS	EMAIL ADDRESS
( )	( )	❑ SINGLE ❑ MARRIED	

LIST FAMILY MEMBERS YOU ARE DROPPING

Name: _____ **Soc. Sec. No.:**_____

Name: _____ **Soc. Sec. No.:**_____

Name: _____ **Soc. Sec. No.:**_____

Name: _____ **Soc. Sec. No.:**_____

Name: _____ **Soc. Sec. No.:**_____

SIGNATURE

I hereby authorize the changes noted above and any required deductions from my earnings of any required contributions. To the best of my knowledge and belief, all statements and answers to the questions on this application are complete and true. I agree to notify my Human Resources office and/or UMR promptly, in writing, concerning any changes in the above information.

_____ _____

Employee Signature **Date**

FOR EMPLOYER/OFFICE USE

CAMPUS: **UAF**

EFFECTIVE DATE: **7-1-2015**

REASON FOR CHANGE: **MID-YEAR BENEFIT CHANGE**

RR 4-29-2015