

UNIVERSITY OF ARKANSAS

RETIREE INSURANCE BENEFITS ELECTION FORM

Our records indicate that upon leaving University of Arkansas employment you will meet the eligibility requirements for retiree benefits. Please complete this form and return it to Human Resources within 90 days prior to your retirement date.

Social Security Number	Last Name	First Name	MI	Retirement Date
Address		City	State	Zip Code
Employment Status: <input type="checkbox"/> 9-month <input type="checkbox"/> 12-month	Date of Birth	Department	Sex (M/F)	E-Mail Address
				Home Phone

Health Coverage	<input type="checkbox"/> Enrolled (See Retiree Premiums page) <input type="checkbox"/> Not Enrolled as of retirement date or Ineligible to continue as a retiree as of date of retirement <input type="checkbox"/> Decline Retiree Health Coverage – I understand that if I elect to decline retiree health coverage I will not be eligible to enroll through the University of Arkansas at a later date.
Dental Coverage	<input type="checkbox"/> Enrolled (See Retiree Premiums page) <input type="checkbox"/> Not Enrolled as of retirement date or Ineligible to continue as a retiree as of date of retirement <input type="checkbox"/> Decline Retiree Dental Coverage –I understand that if I elect to decline retiree health coverage I will not be eligible to enroll through the University of Arkansas at a later date.
Life Insurance	<input type="checkbox"/> Enrolled (\$10,000 Policy. See Retiree Premiums page) <input type="checkbox"/> Decline Retiree Life Insurance –I understand that if I elect to decline retiree life insurance I will not be eligible to enroll through the University of Arkansas at a later date.

Payment Method:

- **Health Insurance (Medicare Eligible)** – Retirees and retiree spouses who are Medicare Eligible (65 or older at retirement or Medicare eligible early due to disability) will pay Health Insurance directly with United Healthcare. Retirees and spouses will be split into separate plans with separate ID cards and ID numbers. Enrollment in Medicare Parts A and B is Mandatory. United Healthcare will mail enrollment kits to retirees with Medicare Primary who elect to enroll in the University of Arkansas United Healthcare Group Medicare Advantage Plan. You must complete the Medicare Advantage Plan enrollment form and return it to United Healthcare before your retiree health insurance will be effective. *Retirees pay premiums directly to United Healthcare.*
- **Health Insurance (Not Medicare Eligible)** – Retirees and spouses who are not Medicare Eligible (under age 65 and not Medicare eligible early due to disability) will remain on the UA self-insured health plan administered by UMR and will pay Health Insurance premiums directly with UMR. Retirees and spouses will convert to the Medicare Advantage Plan when they turn 65 (or become Medicare eligible early due to disability) and will then pay health insurance premiums directly with United Healthcare. When retirees and spouses are not turning 65 at the same time, the individual who is 65 will convert to Medicare Advantage and the individual under age 65 will remain with UMR until he/she turns 65. *EFT (Electronic Funds Transfer) required for all payments to UMR.*
- **Retiree Dental Insurance** – Retirees will pay their Retiree Dental Insurance Premiums directly to UMR. *EFT (Electronic Funds Transfer) required for all payments to UMR.*
- **Retiree Life Insurance** – Retirees will pay their Retiree Life Insurance premiums and administrative fee directly to the Insurance Company, The Standard (Standard Life Insurance Company).

AUTHORIZATION I understand that if I elect to not enroll in any of the retiree insurance benefits or cancel dependents from my health & dental plans when I retiree that I will not be eligible to enroll or add these dependents at a later date. I understand that I must be covered by UA Retiree Health and Dental Coverage in order for my spouse and eligible children to be covered. I further understand that payment for my retiree insurance benefits will be directly with United Healthcare and UMR and that coverage can be cancelled for non-payment of premiums.

Return this completed form to University of Arkansas, Human Resources-Benefits, 222 Administration Building, Fayetteville, AR 72701.

RETIREE SIGNATURE _____ DATE: _____