UNIVERSITY OF ARKANSAS GROUP BENEFITS CHANGE FORM

Campus: ☐ ASMSA ☐ UACCB ☐ UACES ☐ UAF ☐ UALR ☐ UAMS ☐ UAM ☐ UAPB ☐ OTHER

<table>
<thead>
<tr>
<th>EMPLOYEE LAST NAME</th>
<th>FIRST NAME</th>
<th>MI</th>
<th>BIRTHDATE</th>
<th>SEX</th>
<th>SOC SEC NO or ID NUMBER</th>
</tr>
</thead>
</table>

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 COMPLETED*  
*Not required for decreases or cancellations.

EFFECTIVE DATE: ___________________

DEPENDENT LIFE

☐ ADD AMOUNT________
☐ INCREASE FROM _______ TO _______
☐ DECREASE FROM _______ TO _______
☐ CANCEL COVERAGE

☐ EVIDENCE OF INSURABILITY COMPLETED*  
*Not required for decreases or cancellations.

EFFECTIVE DATE: ___________________

REASON: __________________________

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 $45,000 (CLASSIFIED ONLY)
☐ POSITION CHANGE FROM CLASSIFIED TO NONCLASSIFIED
☐ 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
☐ LATE ENROLLMENT (more than 31 days from appt date. 12-month pre-existing period applies)

EFFECTIVE DATE: ___________________

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.

<table>
<thead>
<tr>
<th>P=Primary</th>
<th>S=Secondary</th>
<th>B=Basic</th>
<th>O=Optional</th>
<th>A=Accidental Death &amp; Dismemberment</th>
<th>BENEFIT CODES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME (Last, First, MI)</td>
<td>SEX</td>
<td>RELATIONSHIP</td>
<td>P/S OR %</td>
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<td>☐ B ☐ O ☐ AD&amp;D</td>
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EMPLOYEE SIGNATURE: ___________________________________________ Date: ___________________

BENEFITS REPRESENTATIVE: _________________________________________ Date: ___________________

GB/CHANGE DECEMBER 2014  UACES003