

UNIVERSITY OF ARKANSAS

RETIREE INSURANCE BENEFITS ELECTION FORM Page 1

Our records indicate that upon leaving UACCB 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 dental 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 to 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 to 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 to 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 retire that I will not be eligible to enroll or add these dependents at a later date. 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.

Please return form to: UACCB Human Resources, PO Box 3350, Batesville, AR 72503 Call: 870-612-2165

RETIREE SIGNATURE _____	DATE: _____
HR SIGNATURE _____	DATE: _____

UACCB Retiree Benefit Form

Retiree Benefits Election Form Page 2

1. Basic Information

List yourself and family members who will continue coverage. You must elect coverage for yourself in order to cover your family.

	First and Last Name (please print)	Soc. Sec. No.	Date of Birth	Gender (M or F)	Medicare # (if eligible)
Retiree					
Spouse					
Child					
Child					
Retiree Home Address			Home or cell phone		
			Email		

2. Medical Insurance < age 65

 No

 Yes *Select a coverage level & plan*

- 1 adult (retiree or spouse)
- 2 adults (retiree + spouse)
- 1 adult + child(ren)
- 2 adults + child(ren)
- child(ren) only

Plan changes will take effect January 1:

- Classic Plan
- Point of Service Plan

3. Medical Insurance for age 65+, Medicare-eligible

Initial if this applies

I understand that UACCB will request UnitedHealthcare to send me an enrollment kit, but that it is MY RESPONSIBILITY to enroll directly with UnitedHealthcare. I also understand that I must be enrolled in Medicare Part B in order to be eligible.

4. Dental Insurance

 No

 Yes

If yes, elect a coverage level:

Retiree only	
Retiree and Spouse	
Retiree and Child(ren)	
Retiree, Spouse & Child(ren)	

5. \$10,000 Life Insurance

 No

 Yes

If yes, list below the individual(s) you designate to receive proceeds from your University of Arkansas Retiree Life Insurance. 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.

	Name	Address	Relationship
Primary Beneficiary			
Secondary Beneficiary			

6. Retiree Signature

Date: _____

OFFICE USE: UMR: Effective _____, move non-Medicare individuals to Retiree group, _____ notify Delta Dental, _____ notify Standard. Rev 04/01/2015

Monthly Insurance Rates – Retiree/Survivor

Effective January 2016

Insurance Benefits for Eligible Retirees of the University of Arkansas

“Eligible Retiree” means an employee who retires while covered under the Plan and on the date of retirement has age and continuous years of service with the University of Arkansas System equal to at least a total of 70 and immediately prior to retirement has completed 10 or more consecutive years of continuous coverage under the Plan. Employees who meet this criteria are eligible to keep (by paying the full cost) a \$10,000 Retiree Life Insurance and to participate in the University’s Retiree Health and Dental Insurances.

Medical Coverage – United Healthcare Medicare Advantage

Eligible retirees, surviving spouses and their dependent children who are eligible for Medicare A + B (for example, age 65 or older or disabled) may enroll in the University of Arkansas System United Healthcare Group Medicare Advantage (PPO) plan. Premiums will be billed by and payable to United Healthcare.

1 Member in Medicare Advantage <i>Each member is individually enrolled. For example, retiree and spouse may both enroll, but each will be billed the premium separately and each will receive their own member ID card.</i>	\$ 219.31 per individual
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Medical Coverage – University of Arkansas Health Plan

Eligible retirees, surviving spouses and their dependent children who are not eligible for Medicare may remain on the self-insured UA group health plan administered by UMR. Premium will be billed by and payable to UMR.

	Classic Plan	POS Plan
1 Member in UA Health Plan <i>Only one member of the family remains covered in UA medical. The member may be a retiree, a retiree’s spouse, a surviving spouse, or a child.</i>	\$ 404.36	\$ 447.85
2 Adult Members in UA Health Plan <i>Retiree is the primary member, spouse is the dependent member, and both remain in UA medical.</i>	\$ 918.16	\$ 1,016.94
1 Adult + Child(ren) in UA Health Plan <i>Adult can be a retiree, a retiree’s spouse, or a surviving spouse; plus one or more children; remain enrolled in UA medical.</i>	\$ 757.44	\$ 836.65
Family: 2 Adults + Child(ren) in UA Health Plan <i>Retiree is the primary member. Spouse and one or more children are the dependent members. All remain enrolled in UA medical.</i>	\$ 1,280.33	\$ 1,418.11
2 or more Children in UA Health Plan <i>Either the parent(s) of the children are enrolled in the UHC Medicare Advantage plan, or the children are the only covered survivors of a deceased employee.</i>	\$ 757.44	\$ 836.65

Dental Coverage

Premium will be billed by and payable to UMR.

1 Primary Adult <i>Adult can be either a retiree or a surviving spouse</i>	\$ 32.00
Retiree + Spouse <i>Retiree is the primary member; plus spouse</i>	\$ 66.00
1 Primary Adult + Child(ren) <i>The primary adult can be either a retiree or a surviving spouse; plus one or more children</i>	\$ 55.70
Retiree + Spouse + Child(ren) <i>Retiree is the primary member; plus spouse; plus one or more children</i>	\$ 89.70

Life Insurance (\$10,000 coverage)

Premium will be billed by and payable to Standard Insurance Company. Premium is \$8.33 + \$2.50 administrative fee.

Retiree	\$ 10.83
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