UNIVERSITY OF ARKANSAS GROUP BENEFITS CHANGE FORM

<p>| Campus: [UAASMSA] [UACCB] [UACES] [UAF] [UALR] [UAMS] [UAM] [UAPB] [OTHER] |
|------------------|------------------|------------------|------------------|------------------|------------------|</p>
<table>
<thead>
<tr>
<th>Employee Last Name</th>
<th>First Name</th>
<th>M</th>
<th>Birthdate</th>
<th>Sex</th>
<th>Soc Sec No</th>
</tr>
</thead>
</table>

**Name Change:** From: __________________________ Effective Date: ______________

**Optional Life**

- [ ] Add 1X □ 2X □ 3X □ 4X □ Cancel Coverage
- □ Evidence of Insurability Completed Effective Date: ______________

- □ Increase from _____ to _____
- □ Decrease from _____ to _____
- □ Evidence of Insurability Completed Effective Date: ______________

**Dependent Life**

- □ Add □ Cancel Coverage
- □ Evidence of Insurability Completed Effective Date: ______________

- □ Increase from _____ to _____
- □ Decrease from _____ to _____
- □ Reason: ____________________
- □ Evidence of Insurability Completed Effective Date: ______________

**Optional Accidental Death and Dismemberment**

- □ Add Employee On Ly Coverage
- □ Add Family Coverage
- □ Cancel Coverage

- □ Coverage Amount Effective Date
- □ Evidence of Insurability Completed Effective Date

- □ Increase from _____ to _____
- □ Decrease from _____ to _____

- □ Employee Coverage of $________
- □ Family Coverage of __________________

**Optional Long Term Disability**

- □ Add
- □ Cancel Coverage

- □ Salary Eligibility of $20,000
- □ Evidence of Insurability Completed 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.)

- [ ] Primary □ Secondary / [ ] Basic □ Optional □ Accidental Death & Dismemberment

<table>
<thead>
<tr>
<th>Name (Last, First, MI)</th>
<th>Sex</th>
<th>Relationship</th>
<th>P/S or %</th>
<th>Benefit Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ B □ 0 □ AD&amp;D</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ B □ 0 □ AD&amp;D</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ B □ 0 □ AD&amp;D</td>
</tr>
</tbody>
</table>

**Employee Signature:** __________________________ Date: ______________

**Benefits Representative:** __________________________ Date: ______________

COPY DISTRIBUTION: WHITE - Human Resources Yellow - Employee