

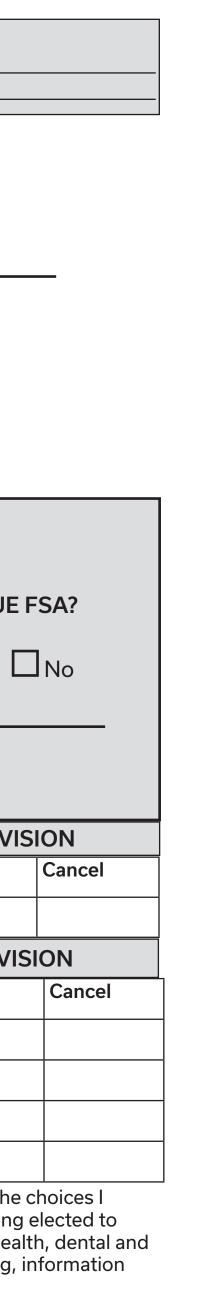
Resources	COBRA Health, Dental and Vision Plan Enrollment Form 2025-26									Person ID Effective c	
SUBSCRIBER INFORMATION Last name	First name				Middle Initia	al	_				
Person ID or Social Security number		Email add	dress	:SS				Date of birth	I		
Home address	City State			tate	Zip code Home phone			Cell phone			
REASON FOR APPLICATION (CHECK ONE)         Marriage       Divorce         Birth/adoption       Death         Gain/loss of coverage       Open enrollment for spouse		Dependent no I	onger eli	e or court order gible for coverag	ge 🗌 ( Sep	Name/address cha Change in employ paration date from	ment statu				
If you are a spouse or dependent applying for COBRA, please prov		_	J or socia	al security numb						_	
HEALTH INSURANCE   UK-HMO   UK Health Saver   No coverage   No changes   Level of coverage   Subscriber only   Subscriber + family   Subscriber + children   Employee + spouse/sponsored dependent	DENTAL INSURANCE   UK Dental Basic   UK Dental Comprehensive   Delta Dental Basic   Delta Dental Basic   Delta Dental Enhanced     Level of coverage   Subscriber only   Subscriber + family   Subscriber + spouse/sponsored dependent			Level of co Subscri	d Enhanced <b>overage</b> iber only iber + family	No coverage No changes Subscriber + children				CONTINUE	
COVERED SPOUSE/SPONSORED DEPENDENT							HEALTH			ENTAL	V
Last name First name	Social Security #	Date of birth	Sex	Disabled (Y/N)	Relationship		Add	Cancel	Add	Cancel	Add
DEPENDENTS							F	IEALTH	r	ENTAL	
Last name First name	Social Security #	Date of birth	Sex	Disabled (Y/N)	Relationship		Add	Cancel	Add	Cancel	Add
understand that I have made the above elections for the plan year, and I autho	rize the University of Kentuc	ky to reduce my p	ay accordi	ngly. I also confirm	n that the dependen	it information I have	provided is c	orrect to the be	est of my kno	wledge. I unde	erstand that th

vision plans I have elected. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information for insurance or statement of claim containing any material hereto, commits a fraudulent insurance act, which is a crime.

Signature <u></u>

Date \_

ealth, Dental and Vision	
ollment Form 2025-26	



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