

Office use only

Person ID _____

Effective date _____

Life Insurance and Accidental Death & Dismemberment Insurance Enrollment Form 2025-26

EMPLOYEE INFORMATION

Last name _____ First name _____ Middle initial _____

Person ID or Social Security number _____ Email address _____

Home phone _____ Work Phone _____

Status ☐ UK ☐ KCTCS ☐ CKMS ☐ ESH

REASON FOR APPLICATION (CHECK ONE)

- ☐ New enrollment ☐ Change of enrollment (select reason for change below)*
- ☐ Open enrollment ☐ Marriage ☐ Divorce ☐ Family judgment, decree or court order
- ☐ Birth/adoption ☐ Death ☐ Dependent no longer eligible for coverage
- ☐ Change in employment status of spouse or employee
- Separation date from UK (if applicable) _____

****Supporting documentation may be required***

UK provides basic life and accidental death & dismemberment insurance equal to one times your annual salary. Please make any selections for additional coverage below.

OPTIONAL LIFE INSURANCE

- | | | |
|---|---|---|
| <input type="checkbox"/> Optional life 1 times salary | <input type="checkbox"/> Optional life 4 times salary | <input type="checkbox"/> Optional life 7 times salary |
| <input type="checkbox"/> Optional life 2 times salary | <input type="checkbox"/> Optional life 5 times salary | <input type="checkbox"/> Optional life 8 times salary |
| <input type="checkbox"/> Optional life 3 times salary | <input type="checkbox"/> Optional life 6 times salary | <input type="checkbox"/> No coverage |

OPTIONAL LIFE — SPOUSE/SPONSORED DEPENDENT

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$25,000 |
| <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$30,000 |
| <input type="checkbox"/> \$20,000 | <input type="checkbox"/> No coverage |

OPTIONAL LIFE — CHILDREN

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$25,000 |
| <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$30,000 |
| <input type="checkbox"/> \$20,000 | <input type="checkbox"/> No coverage |

OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

- ☐ Employee only ☐ Employee + children ☐ Employee + family ☐ Employee + spouse ☐ No coverage

Coverage amount (\$10,000 to \$1,000,000, in \$5,000 increments) \$ _____

I understand that I have made the above elections for the plan year, and I authorize the University of Kentucky to reduce my pay accordingly. I understand that the choices I have made on this form may be reduced during the plan year, but may not be increased until the next enrollment period unless I have a change in my family status as defined by law. If an increase is requested, I understand that I may be required to complete a medical evidence of insurability questionnaire. I understand that my additional coverage will not go into effect until approved by the life insurance carrier.

Signature _____

Date _____

**Please return this form to UK HR Benefits, 106 Bosworth Hall, Lexington
KY 40506. You can also fax it to 859-323-1095 or email benefits@uky.edu.**