

**Office use only**

Person ID _____

Effective date _____

**MetLaw Enrollment
Form 2025-26****EMPLOYEE INFORMATION**

Last name _____ First name _____ Middle initial _____

Person ID or Social Security number _____ Email address _____

Home address _____

City _____ State _____ ZIP code _____

Home phone _____ Work phone _____

Status ☐ UK ☐ KCTCS ☐ CKMS ☐ ESH**LEVEL OF COVERAGE**☐ SINGLE ☐ FAMILY

I wish to cancel coverage

I wish to have my salary redirected for the period of July 1, 2025 , through June 30, 2026, in each of the categories listed above. I understand the benefits available to me as well as the other rights and obligations that I have under the Plan. I understand this agreement revokes any prior election under this plan and that during the above period this agreement is irrevocable and cannot be changed except under special circumstances as outlined in the Summary Plan Description. This agreement is subject to the terms of the University of Kentucky MetLaw Program.

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.**