RETIREE HEALTH COVERAGE DEFERRAL

On this _____ day of _____, 20____, I, _____, hereby, elect to defer my University of Kentucky retiree health plan coverage beginning _____. I understand that I may choose this one-time deferral either at the time of my retirement or anytime thereafter. As a retiree, I understand that I may elect to re-enroll in a UK health plan at any time in the future. I understand that I (and my eligible dependents) must have been enrolled in a creditable health plan for the 12 consecutive months prior to the date of the re-enrollment. Written proof of coverage must be sent with my enrollment form. I further understand that, once I have elected to re-enroll in a UK health plan, I will not be permitted to make another deferral. I understand that after one deferral my enrollment must remain continuous.

Upon my re-enrollment in the health plan, I understand that I will be permitted to cover any eligible existing dependents (spouse, children) whether they were previously covered by my plan or not. I understand that I may not add new dependents at a later date once I have re-enrolled, unless they are newly acquired through marriage, birth or adoption.

_____ _____

Printed name Employee ID

_____ _____

Signature Date

_____ _____

Benefits Office Personnel Date

* If you need to make changes other than deferring your health plan, please complete the Retiree Benefits Enrollment Form.