



<b>Office use only</b> Person ID _____ Effective date _____
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**MetLaw Enrollment  
Form 2026-27**

**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 hr@uky.edu.**