Human Resources

Office use only
Person ID_____
Effective date_____

MetLaw Enrollment Form 2024-25

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, 2024 , through June 30, 2025, 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, 112 Scovell Hall, Lexington KY 40506-0064.
You can also fax it to 859-323-1095 or email benefits@uky.edu.