

Drop Vision Coverage effective 12-31-2009

Deadline to turn this form into Human Resources is 12-18-2009.

Mail to HR Benefits at 564-1, or fax to (501) 603-1318. Keep your fax confirmation as proof.

I elect to drop vision coverage for me and any covered family members. I understand that coverage will end at 11:59 p.m. on December 31, 2009.

I understand that my last paycheck deduction will be on:

- January 15, 2010 if I am paid biweekly (prorated premium for coverage Dec 27-31), or
- December 31, 2009 if I am paid monthly.

I understand that I will not be able to re-enroll in the vision plan in the future unless the carrier, Superior Vision, offers an open enrollment. Open enrollment is NOT guaranteed to be offered annually.

Print Your Name: _____

Your Social Security Number: _____

Your Signature: _____ Today's Date: _____

TO BE COMPLETED BY THE UAMS Human Resources:

Group # 028770

*Keyed into SAP(12-31-09 delimit) and Superior admin website: _____
(initials, date)*