UI Retiree Insurance Plans

ENROLLMENT FORM

Please complete, sign, and return this enrollment form to:

UNIVERSITY BENEFITS OFFICE
120 UNIVERSITY SERVICES BUILDING
IOWA CITY, IOWA 52242-1911
Email: benefits@uiowa.edu

AGREEMENT AND CERTIFICATION

I certify that I am legally authorized to apply for coverage myself and for all persons named in this enrollment form (if applicable). ***Dependents may only be enrolled if they are currently covered by your health insurance plan.*** *I understand that I am enrolling for the coverage sponsored by the University of Iowa, offered by Wellmark, Inc., doing business as Blue Cross and Blue Shield of Iowa.*

I certify that, after this enrollment form was completed, I carefully and fully read it, that the statements and answers set forth are full, true, and correct to the best of my knowledge and belief, and that no information required to be given, either expressly or by implication, has been knowingly withheld. I understand that the University of Iowa and Wellmark Blue Cross and Blue Shield of Iowa will rely upon the completeness and truthfulness of the information given and the statement made and that if I have made any fraudulent statements or intentional misrepresentations of any material fact, the University of Iowa or Wellmark Blue Cross and Blue Shield of Iowa will be entitled to declare the contract enrolled for void and to refuse allowance of benefits to any person thereunder.

I authorize any provider to release medical records to Wellmark Blue Cross and Blue Shield of Iowa when reasonably related to the care for which I have applied. In addition, if any law or regulation requires additional authorization for the release of medical records, I will give this authorization.

The University of Iowa is hereby authorized to bill me directly or withdraw monthly premiums from my bank account, as appropriate, for the premium. By completing the enclosed ACH Authorization for Automatic Withdrawal of Insurance premiums, I agree to pay the monthly premium by auto pay from the designated account. I understand by not completing the ACH form, I will receive a bill from the University of Iowa each month by mail.

IOWA | UI RETIREE MEDICAL ENROLLMENT

Please select which plan you would like to enroll in: RESET

☐ **UISelect** ☐ **UIChoice**

1. YOUR ENROLLMENT INFORMATION (please print clearly) Effective Date: 1/1/2022

Full Name (Last, First, Middle Initial):

University ID:	**Date of Birth:**	**Gender (M/F):**

Residing Address, City, State, Zip:

Phone Number:	**Email:**

Are you enrolled in Medicare Part A and Part B? **Yes:** ☐ **No:** ☐

2. ENROLLMENT INFORMATION ***Only if you are currently covering dependent(s)***

Does your spouse/partner have their own UI health policy? Yes ☐ No ☐

If Yes, they will need to complete their own application if they wish to enroll.

Complete this section **ONLY** if you **currently cover a spouse/partner and/or child(ren) on your plan and** wish to continue in the same coverage in 2022. Your Spouse/Partner and dependents must be enrolled in the same plan as you. (There may be qualifying events to add dependents previously not covered by a UI plan. i.e., marriage, loss of job-related coverage)

☐ **Enroll** ☐ **Cancel**	**Spouse/Partner Name** (Last, First, M.I.):	**Previously covered on a UI plan?** ☐ **Yes** ☐ **No**	**Gender** (M/F):	**Birthdate** (MM/DD/YY):
☐ **Enroll** ☐ **Cancel**	**Child Name** (Last, First, M.I.):	**Previously covered on a UI plan?** ☐ **Yes** ☐ **No**	**Gender** (M/F):	**Birthdate** (MM/DD/YY):
☐ **Enroll** ☐ **Cancel**	**Child Name** (Last, First, M.I.):	**Previously covered on a UI plan?** ☐ **Yes** ☐ **No**	**Gender** (M/F):	**Birthdate** (MM/DD/YY):

ATTENTION: If you are adding new dependent(s) that have **never** been covered by a university plan, complete this form, send it to University Benefits, and call our office at 319-335-2676 to provide your dependent(s) SSN number over the phone.

3. AGREEMENT AND CERTIFICATION

I have read and understood the agreement and certification language on the reverse side of this form.

Signature: **Date:**

Return form to University Benefits, 120 USB, Iowa City, IA 52242 or email at benefits@uiowa.edu. Please call University Benefits with any Social Security Number (SSN) updates, changes, or additions for security purposes.

THE UNIVERSITY OF IOWA

ACH AUTHORIZATION FOR AUTOMATIC WITHDRAWAL OF INSURANCE PREMIUMS

PLEASE CHECK ONE: ☐ NEW ENROLLMENT ☐ CHANGE OF ACCOUNT ☐ CANCELLATION

PRINT NAME, ADDRESS AND ID # OF THE POLICY HOLDER:

Name (Last, First, Middle):_____

Current Address:_____

City, State, Zip Code:_____

University/Student ID # (8 digits):_____

Your Name (if different than above):_____

COMPLETE THE FOLLOWING BANK INFORMATION:

Please check the appropriate box: ☐ CHECKING ACCOUNT ☐ SAVINGS ACCOUNT

Deductions will occur on the first business day of each month.

Please attach a *VOIDED* check to this form or fill out the following information:

Name of Bank:	**City & State:**
Bank Routing number (ABA#) (9 digits):	**Account Number:**

AGREEMENT:

I hereby authorize the University of Iowa to initiate ACH credit and/or debit entries to my financial institution(s) listed below, including reversing entries to correct any erroneous transactions.

I agree to hold the University of Iowa harmless for any delay, loss of funds, or overdraft charges due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in processing the entries.

This agreement shall be effective on the next processing window and remains in force until the university receives notice of cancellation, submission of a new form for Change of Account, or by a notification of change by my financial institution(s). *Cancellation or change requests must be received by the University of Iowa* **at least 5 business days** prior to the next payment date.

Required – I hereby indicate that I have read and agree to the above:

Signature (DO NOT PRINT): _____ Date: _____

Return Form To:
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120 UNIVERSITY SERVICES BUILDING
IOWA CITY, IA 52242-1911

email: benefits@uiowa.edu
fax: 319-335-2776

FOR BENEFITS USE: [00848]
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