IOWA | University Human Resources
Benefits Office

HEALTH PLAN CONFIRMATION

For current Health Alliance participants – Action Required

Your Health Alliance plan is ending December 31, 2025. Please complete this form to confirm your new health plan effective January 1, 2026.

Your Contact Information

Full Name:

Street Address:

City, State, Zip:

Phone Number:

Email Address (optional):

Your New Health Plan

Have you enrolled in a new health plan for 2026?

☐ **Yes** Name of plan:

☐ **No** Provide reason:

Your Signature and Date

Signature: Date:

Please return this completed form no later than December 7, 2025, to:

Mail:

University Benefits Office
120 University Services Bldg.,
Iowa City, IA 52242

Email:

benefits@uiowa.edu

Fax:

319-335-2776