IOWA

RETIREE HEALTH INSURANCE ENROLLMENT FORM

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

University Benefits Office

120 University Services Building, Iowa City, IA 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 University Billing Office's ACH Authorization for Automatic Withdrawal of Insurance premiums form, 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: 1/1/2026

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 2026. 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.
(Rev. 09.04.25)