

Please read this page carefully. Signing the election form means you have read and agree to the following and understand the options you chose on the election form. Please note that falsifying documents, misrepresenting dependent status or using other fraudulent actions to gain coverage may be criminal acts and can lead to permanent termination of coverage. ARBenefits is required to refer such cases to the State of Arkansas.

- Review your current benefits and the available plans and options, and then select the benefit options most suited to your personal needs.
- Social Security Numbers are required for enrollment. If you do not provide a Social Security Number for yourself or your dependents, health insurance coverage cannot be provided. SSN for newborns should be provided once it is received.
- You must drop all of your ineligible dependents. When your dependents no longer meet eligibility requirements, their coverage ends the last day of the month they became ineligible. You may be responsible for any cost for services received while your dependent was incorrectly listed as eligible.
- If you are dropping all of your dependents, you must change your coverage to Employee Only.
- If you cancel your health insurance, you can only enroll again during the next open annual open enrollment period or if you have a qualifying status change event. Qualifying status change events include marriage, birth, death, divorce and loss or gain of group coverage.
- You should receive plan information and I.D. cards in a timely manner from ARBenefits. If you do not, call ARBenefits at 1-877-815-1017 (When you hear the recording, Just Press One).
- Your elections will remain in effect for the remainder of the calendar year unless you experience a qualifying status change event, as defined by the Internal Revenue Code and/or the ARBenefits Summary Plan Description.
- Your effective date of coverage will be the first of the month following receipt of this form and a full month's premium.
- Pre-tax premiums increase your take-home pay because your insurance premiums will be deducted from your salary before taxes are calculated. You will automatically be in a pre-tax status unless you otherwise notify your payroll clerk.
- Members making changes for non-tax dependents ages 19 and older must send in a letter with the dependent's signature to authorize that change.
- Members who turn age 65 or become eligible for Medicare must send in a copy of their Medicare card to ARBenefits.
- Please mail or fax your completed and signed Health Insurance Election Form to:

**ARBenefits
P.O. Box 15610
Little Rock, AR 72231-5610**

Fax: 501-683-0983

- For assistance, contact ARBenefits at 1-877-815-1017 Monday through Friday, from 7:30 a.m. to 5 p.m. CST.
- Learn more about plans, costs and providers at www.arbenefits.org.