

BN-LTD-Enrollment Withdrawal Form

University of Michigan Expanded Long-Term Disability Plan Notice of Withdrawal

Please print all information in **black** ink.

1. Faculty or Staff Member Information

| | | |
|------------------------------------|------|---|
| Name (Last, First, Middle Initial) | UMID | U.S. Social Security Number (if UMID is unknown) |
|------------------------------------|------|---|

2. Certification and Signature

I, the undersigned faculty or staff member, hereby give notice of withdrawal of participation in the University of Michigan Expanded Long-Term Disability Plan.

Check one:

Total Coverage

If you have less than two years of service at the university, you must elect withdrawal from coverage on your total annual base salary.

Coverage Over \$74,500

If you have two or more years of service at the university, the university pays for coverage on your annual base salary up to \$74,500. Coverage on your base salary over \$74,500 is elective and optional.

It is understood and agreed that by the execution of this Notice of Withdrawal, I forfeit my rights to coverage and should I elect after said date to participate in such elective insurance, I must furnish, at my own expense, evidence of insurability satisfactory to the LTD Claims Administrator. Such withdrawal will be effective on the first of the month following receipt of this completed form by SSC Benefits Transactions or ____/____/____, whichever is later.
(your elective effective date)

Signature of Faculty or Staff Member

Date Signed



HUMAN RESOURCES
BENEFITS OFFICE
UNIVERSITY OF MICHIGAN

Questions?

If you have any questions, view hr.umich.edu/benefits-wellness, or call the SSC Contact Center at 734-615-2000 or 866-647-7657 (toll free for off-campus long-distance calls within the U.S.) Monday through Friday from 8 a.m. to 5 p.m.

How to Return Your Signed and Completed Form

Receipt Confirmation

A confirmation email will be sent to your UMICH email address once your form is processed.

By FAX

Fax it to 734-763-0363.

Keep a copy of the fax transmission report with your form in your records.

By Mail Only

Make a copy for your records and send the original by **Campus Mail or U.S. Mail** to:
SSC Benefits Transactions
Wolverine Tower
3003 South State Street
Ann Arbor, MI 48109-1276