

# Open Enrollment Form for 2026 Benefits

## For University of Michigan Long-Term Disability Participants

Please print all information in **black ink**. Your completed and signed form must be received by SSC Benefits Transactions, or postmarked by the U.S. Postal Service, by **Friday, October 24, 2025**.

### 1. Long-Term Disability Participant Information

Name (Last, First, Middle Initial)		UMID (Social Security Number if unknown)	
Street Address	City	State	Zip
Daytime Telephone Number	Email	Date of Birth (MM/DD/YY)	
When your LTD benefits began, were you a member of a bargained-for group?		<input type="radio"/> Yes	<input type="radio"/> No

### 2. Benefit Plan Selections "Adult" refers to your spouse or other qualified adult.

**A. Health Plan** Enrollment in any U-M health plan includes automatic enrollment in the U-M Prescription Drug Plan.

<b>Medicare Enrolled</b>	<b>Pre-Medicare Enrolled AND Medicare or Pre-Medicare Enrolled</b>	<input type="radio"/> Waive Coverage
<input type="radio"/> Medicare Advantage PPO	<input type="radio"/> Community Blue PPO	<input type="radio"/> Comprehensive Major Medical
<input type="radio"/> U-M Premier Care Advantage*	<input type="radio"/> U-M Premier Care*	<input type="radio"/> Consumer-Directed Health Plan
<input type="radio"/> You only	<input type="radio"/> You + Adult	<input type="radio"/> You + Adult + Child(ren)
	<input type="radio"/> You + Child	<input type="radio"/> You + Children

\* Enrollment is limited to those who live in the service area. To verify your eligibility, visit [hr.umich.edu/health-plans](http://hr.umich.edu/health-plans).

<b>B. Dental Plan</b>	<input type="radio"/> Option 1	<input type="radio"/> Option 2	<input type="radio"/> Option 3	<input type="radio"/> Waive Coverage
<input type="radio"/> You only	<input type="radio"/> You + Adult	<input type="radio"/> You + Adult + Child(ren)	<input type="radio"/> You + Child	<input type="radio"/> You + Children
<b>C. Vision Plan</b>	<input type="radio"/> Enroll (choose one coverage level)	<input type="radio"/> Waive Coverage		
<input type="radio"/> You only	<input type="radio"/> You + Adult	<input type="radio"/> You + Adult + Child(ren)	<input type="radio"/> You + Child	<input type="radio"/> You + Children
<b>D. Legal Plan</b>	<input type="radio"/> Enroll (choose one coverage level)	<input type="radio"/> Waive Coverage		
<input type="radio"/> You only	<input type="radio"/> You + Adult	<input type="radio"/> You + Adult + Child(ren)	<input type="radio"/> You + Child	<input type="radio"/> You + Children

### 3. Persons to Be Enrolled List all eligible persons to be covered using the first line for yourself. You can't add new dependents. Enter "Yes" to enroll in a benefit or "No" to not enroll.

Last Name	First Name	Social Security Number <sup>1</sup>	Relationship Code <sup>2</sup>	Gender (M/F)	Date of Birth MM/DD/YY	Medical (Y/N)	Dental (Y/N)	Vision (Y/N)	Legal (Y/N)

1 The federal Mandatory Insurer Reporting Law requires group health plans to report to Medicare the social security numbers of adults covered under a group health plan. Under the Affordable Care Act, the university is also required to request the social security number of each person enrolled under a U-M health plan. If you do not provide your dependents' social security numbers at this time, you will receive requests from U-M to allow the university to comply with federal legislation.

2 Relationship Codes: SL = Self; SP = Spouse; C = Child; OQA = Other Qualified Adult (OQA); CO = Child of OQA; SC = Stepchild; GC = Grandchild; R = Other Relative (niece or nephew); SB = Sibling. Proof of eligibility may be required. See the University Human Resources website at [hr.umich.edu/benefits-eligibility](http://hr.umich.edu/benefits-eligibility) for details.

### 4. Medicare Are you or any dependents listed eligible for Medicare? If yes, provide the following information. Use an additional sheet if needed.

Name	Medicare Number	Part A (Hospital) Effective Date	Part B (Medical) Effective Date	Part D (Rx) Effective Date

### 5. Certification and Signature Please read the back of this form before signing.

I have read the back of this form and agree to the terms and conditions listed there. The information I provided is correct and to the best of my knowledge.

Signature of Long-Term Disability Participant	Date Signed
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# Open Enrollment Form for 2026 Benefits

## For University of Michigan Long-Term Disability Participants

By signing the front of this form, you agree to abide by the following:

### Authorization

You authorize any doctor, hospital, or other provider who renders service to you or your eligible dependents to furnish to the plan you have selected on this application any information requested concerning medical information, claims, and their insurance payments. If you enroll in the CDHP, you understand that your enrollment and health information will be shared with HealthEquity for the purpose of administering and coordinating payments under your Health Savings Account.

### Changing Options or Coverage

You understand that the only conditions under which you can change options are:

- during Open Enrollment; or
- if you are covered by a managed care medical plan and you move outside the plan's service area.

### Who Cannot be Covered

You cannot cover under your University of Michigan benefits plans

1. Anyone not already enrolled on your benefits plans prior to going on Long-Term Disability;
2. Anyone who works for the university and has his or her own coverage;
3. Any dependents who are already covered by another employee of the university; or
4. Anyone who is not your legal spouse or eligible dependent.

When you sign this form, you state that you understand and agree that claiming such coverage is misconduct, and you agree to reimburse the university for any additional costs incurred as a result of that misconduct.

### Health Plan ID Cards

If you enroll in a different health plan, your ID card will be mailed to you directly from your health plan company in a nondescript white envelope.

If you have changed health plans and have not received a new card by Jan. 1, contact the health plan to order a card and find out how to receive services until your new card arrives.

### How to Return This Form

Mail your completed form to SSC - HR Benefits Transactions at the address below. Keep a copy for your records. Or fax your form to: 734-763-0363. Please keep a copy of the fax transmission report for your records. Verification of receipt of your fax will be available after 24 hours.

### Involuntary Loss of Coverage

If a Long-Term Disability (LTD) participant and/or dependents are covered by group health insurance through another employer and at some later date, that coverage is involuntarily canceled and is no longer available, the LTD participant and/or dependents, if any, may transfer to corresponding university coverage. Re-enrollment must be requested by calling the Shared Services Center - HR Customer Care within 30 days of the cancellation date of the other coverage. Coverage will go into effect the day following the termination of the other coverage.

### Important Facts to Consider Before Waiving Coverage

- You will not be allowed to enroll in a U-M benefit plan due to another employer's decision to change insurance companies, increase deductibles or copays, change, reduce or eliminate benefit provisions under their plan in any way.
- You will not be allowed to re-enroll yourself or any dependents in a U-M health plan unless you experience a qualified family status change as defined by Section 125 of the Internal Revenue Code and based on individual circumstances and plan eligibility.
- You will not be allowed to re-enroll yourself or any dependents in the U-M Vision Plan or Legal Plan until the next Open Enrollment period unless you experience a qualified family status change as defined by Section 125 of the Internal Revenue Code and based on individual circumstances and plan eligibility.
- When you waive your U-M health coverage your Medicare Part B reimbursement, if applicable, will also be discontinued.

### Important Note: Do not submit this form if you have already enrolled online through Self Service > Benefits

Your online elections will be used for your 2026 enrollments and take precedence if you make changes online and also submit a form. If you need to make changes to your Open Enrollment elections, you may do so online until 5 p.m. Eastern Time on **Friday, October 24, 2025**.

### Limitations

The University of Michigan in its sole discretion may modify, amend, or terminate the benefits provided with respect to any individual receiving benefits, including active employees, retirees, and their dependents. Although the university has elected to provide these benefits this year, no individual has a vested right to any of the benefits provided. Nothing in these materials gives any individual the right to continued benefits beyond the time the university modifies, amends, or terminates the benefit. Anyone seeking or accepting any of the benefits provided will be deemed to have accepted the terms of the benefits programs and the university's right to modify, amend, or terminate them.



### Questions?

If you have any questions, visit [hr.umich.edu/benefits-wellness](http://hr.umich.edu/benefits-wellness), or call the SSC - HR Customer Care 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. - 1 p.m. and 2-5 p.m. ET.

### Receipt Confirmation

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

### How to Return Your Signed and Completed Form

Return your form by mail or fax. Wolverine Tower is closed to the general public. No walk-in service is available.

### 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 U.S. Mail to:

SSC Benefits Transactions  
Wolverine Tower  
3003 South State Street  
Ann Arbor, MI 48109-1276