

# 2026 Benefits Enrollment Form

For University of Michigan benefits eligible members.

## 1. How to Use This Form

You can use this form instead of Self Service > Benefits to elect your benefits. Please note that this form does not contain your personal benefits information nor does it contain any rates. Review [hr.umich.edu/benefits-wellness](http://hr.umich.edu/benefits-wellness) for rate and plan information. **Benefits elected on this form remain in effect through December 31, 2026 unless you experience a qualified family status change.**

When you complete, sign and return this form, you acknowledge that you understand and agree to abide by the eligibility, enrollment and election procedures for your University of Michigan benefits.

## 2. Deadline and Defaults

You have 30 days from your first day of employment with the university to complete and return the benefits enrollment materials, or as specified by your collective bargaining agreement. Be sure to fully complete your choices for each benefit, and record your selections carefully. Failure to make a specific benefit election on this form will be considered your election to keep your current benefit election or accept the default enrollment. If you complete and submit this form, it will be recorded as your election until the next Open Enrollment, usually in October with benefit changes effective January 1 of the following year. Once this form is submitted, you will not be able to make changes to your initial enrollment, even within the 30-day enrollment period, unless you have a qualified family status change.

**If you do not enroll during your enrollment period, you will not have health plan coverage or prescription drug coverage through the university, and you will not be able to enroll in a university health plan until the next Open Enrollment – usually in October – with elections effective January 1 of the following year, unless you have a qualified family status change.** If you are a member of a bargained-for group and do not enroll by your deadline, your default coverage will be based on the terms of your collective bargaining agreement. If you are a Research Fellow, you will be enrolled in health plan coverage for yourself consistent with SPG 201.19.

## 3. Effective Date

If you return your enrollment materials within the 30 days allowed, most benefits you choose will become effective as of your first date of employment with the university.

## 4. Flexible Spending Accounts

There are two types of Flexible Spending Accounts (FSAs): Health Care for eligible health care expenses, and Dependent Care for daycare and elder care expenses for your eligible dependents while you work or go to school full time. You can enroll in either or both types of FSAs. After you enroll, you cannot change or cancel your deduction unless you experience a qualified family status change (marriage, new baby, etc.). Accounts end December 31 of the current year. Accounts become effective on the first of the month following receipt of enrollment forms. Only eligible expenses incurred on or after your effective date through March 15 of the following year can be claimed for reimbursement.

## 5. Enrollment

- Use **black ink** to mark your choices.
- Complete all sections for each plan.
- Check “Waive Coverage” in sections for plans you do not wish to participate in during this calendar year and circle “No” in the appropriate column in Section 2, page 2.
- Failure to make a specific benefit election on this form will be considered your election to keep your current benefit election or accept the default enrollment.
- FSAs require annual enrollment to participate.
- Sign and date where indicated.
- Return the signed and completed form to SSC Benefits Transactions as indicated at the bottom of the last page of this form.

## 6. Payroll Deductions for Faculty and Staff

Certain benefits are paid for by payroll deduction from your salary on a pre-tax basis (before taxes are calculated). The benefits plans with pre-tax deductions are:

- Health Plan
- Dental Plan
- Vision Plan
- Flexible Spending Accounts
- Retirement Savings Plan

The plans with after-tax deductions are:

- Legal Plan
- Optional Group Term Life Insurance
- Dependent Group Term Life Insurance
- Long-Term Disability

## 7. Frequency and Timing of Deductions for Faculty and Staff

If you are paid bi-weekly and you participate in benefits plans, payroll deductions for plans for which you pay a premium will be taken from your first two paychecks each month. If there are three pay dates in a month, no benefits deductions will be taken from the third paycheck, **except** that Retirement Savings Plan contributions will be taken from all paychecks. If you are paid monthly, payroll deductions will be taken from each monthly paycheck.

## 8. Canceling or Changing Your Coverage

Internal Revenue Code regulations only allow you to cancel or change your coverage election outside of the Open Enrollment period if you experience a qualified family status change as defined under the Code. Your benefit change must be consistent with your status change and you must call the SSC Contact Center **within 30 days** of the event to make any corresponding benefit changes. See [hr.umich.edu/life-events](http://hr.umich.edu/life-events) for information on qualified family status changes.

## 9. Health Plan ID Cards

ID cards will be mailed to you. If you don't receive them, contact your health plan or prescription drug plan company directly. Contact information can be found at [hr.umich.edu/benefits-wellness](http://hr.umich.edu/benefits-wellness).

## 10. Other Qualified Adults (OQAs)

Health plan and dental coverage provided to your other qualified adult (OQA) and his or her children will, under federal tax law, generally require taxation of the university contribution attributable to the OQA and their children. However, if you declare your OQA and the OQA's children as legal dependents on your most recent federal income tax return, you can waive the taxation requirements. For more information, call the SSC - HR Customer Care.

**IMPORTANT:** Do not submit this form if you have already enrolled online through Self Service > Benefits. Your online elections will take precedence over the paper form if you make changes online and also submit a form.

## Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

To view a health plan option, you may select the appropriate document for download at: [hr.umich.edu/health-plan-forms-documents](http://hr.umich.edu/health-plan-forms-documents)

You may also call the SSC - HR Customer Care at 734-615-2000 or 866-647-7657 (toll free) to request printed copies of a specific plan's SBC at no charge.

University of Michigan  
**2026 Benefits Enrollment Form**

For University of Michigan Benefits Members

Print all information in **black ink**. Return your completed and signed form to SSC Benefits Transactions within 30 days (or as specified by your bargaining agreement) after your first day of employment at the university, or 30 days after your qualified family status change. **These elections remain in effect through December 31, 2026 unless you experience a qualified family status change.**

**1. Your Personal Information**

Name (Last, First, Middle Initial)		UMID (Social Security Number if unknown)	
Street Address	City, State, Zip		Home Phone Number
Service Date (Date of Hire)	Email Address		Daytime Phone Number

**2. Persons To Be Enrolled/Dependent Information**

List all eligible persons to be covered using the first line for yourself. 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)

**<sup>1</sup> Dependents' Social Security Numbers**

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, including children. 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 regulations. Complete the following section only if your spouse or other qualified adult (OQA) whom you intend to enroll in health plan coverage does not currently have a Social Security number. Be sure to sign and date the form.

My spouse or OQA is eligible to obtain a Social Security number. The application was filed on \_\_\_\_\_  
 I will complete and submit an updated Dependent Information Form after the Social Security \_\_\_\_\_ Date Filed  
 number is received.

My spouse or OQA is not eligible to obtain a Social Security number. \_\_\_\_\_  
 Reason or Government Issued Visa Number

\_\_\_\_\_  
 Signature of Faculty or Staff Member

\_\_\_\_\_  
 Date Signed

**<sup>2</sup> Dependent Relationship Codes**

Relationship Codes: 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

\* Group benefits for these relationships generally requires taxation of the university's contribution. Coverage for these relationships is only allowed when certain criteria are met. Proof of eligibility may be required. See [hr.umich.edu/benefits-eligibility](http://hr.umich.edu/benefits-eligibility) for details.

**3. Health Plan**

Enrollment in the U-M Prescription Drug Plan is automatic when you elect a U-M health plan. View [hr.umich.edu/health-plans](http://hr.umich.edu/health-plans) for information on U-M health plans. Deductions are taken pre-tax.

**Select one health plan and one coverage level to enroll:**

**BCBSM Community Blue PPO**

**Comprehensive Major Medical**

**GradCare**  
 GradCare is for GSIs, GSSAs, GSRAs, benefit-eligible fellowship and medical school students only.

**U-M Premier Care**  
 You must live in the service area. Visit [hr.umich.edu/u-m-premier-care](http://hr.umich.edu/u-m-premier-care)

**Consumer-Directed Health Plan** (HSA annual contribution amount: \$ \_\_\_\_\_)

- You only       You + Adult       You + Adult + Child(ren)       You + Child       You + Children

**Waive health plan coverage**  
 To waive health coverage, check here. This also waives prescription drug coverage.

**4. Dental Plan**

Review the Dental Plan section at [hr.umich.edu/dental-plan](http://hr.umich.edu/dental-plan) for information about the plan and your coverage options. Deductions are taken pre-tax.

**Select one Dental Plan option and one coverage level to enroll:**

- Option 1       Option 2       Option 3       Waive Coverage
- You only       You + Adult       You + Adult +Child(ren)       You + Child       You + Children

**5. Vision Plan**

- Waive coverage
- You only       You + Adult       You + Adult +Child(ren)       You + Child       You + Children

“Adult” refers to your spouse or other qualified adult.

**6. Legal Services Plan**

You can find information on the Legal Services Plan at [hr.umich.edu/legal-services-plan](http://hr.umich.edu/legal-services-plan) or at the MetLife Legal Plans website at [info.legalplans.com](http://info.legalplans.com). Under "Not a Member?" enter the access code for U-M faculty and staff: Enter 2100010 for you only or enter 2120010 for you plus one or more dependents, and then click "Learn About Your Legal Plan." If you have questions, call MetLife Legal Plans directly at 1-800-821-6400. If you need legal assistance where both you and your spouse or other qualified adult are required to sign legal documents (such as in real estate matters), you must enroll at the level "You + Adult" in order for these services to be fully paid by the plan. Deductions are taken after-tax.

**Select one:**

- Waive coverage  
 You only       You + Adult       You + Adult +Child(ren)       You + Child       You + Children

"Adult" refers to your spouse or other qualified adult.

**7. University Life Insurance Plan**

As a newly hired or newly eligible faculty or staff member, you will be automatically enrolled in the University Life Insurance Plan. This plan provides \$30,000 of life insurance coverage for you only, fully paid by the university.

**8. Optional Group Term Life Insurance Options**

- 1 x pay    2 x pay    3 x pay    4 x pay    5 x pay    6 x pay    7 x pay    8 x pay    \$10,000    \$50,000    Waive Coverage

Deductions are taken after-tax. Choose a multiple of your annual salary or a fixed amount. Note: for coverage levels exceeding \$650,000, you will be required to complete a health statement. You will receive an email from MetLife with instructions when a health statement is required.

**9. Optional Group Term Life Insurance Smoking Status Rate Options**

- Standard Rate       Nonsmoker Discount Rate (Applies if you have not smoked in the last 12 months)

**10. Your University Life and Optional Group Term Life Insurance Beneficiary Designation**

Designate your Group Term Life Insurance beneficiary online using MetLife's MyBenefits website at: [metlife.com/mybenefits](http://metlife.com/mybenefits)

The first time you visit the MyBenefits website you will need to register to create your user name and password. Registration instructions are available on the University Human Resources website at: [hr.umich.edu/your-beneficiary](http://hr.umich.edu/your-beneficiary)

For problems or questions with registration please call 877-963-8932 (877-9METWEB) for MetLife Web Technical Support.

After you have registered on the MetLife/MyBenefits website, follow these steps to update your beneficiary information:

1. Go to [metlife.com/mybenefits](http://metlife.com/mybenefits)
  2. Log in using the user name and password you created during registration
  3. Click Life Insurance – Group Term Life under the Products & Services tab
  4. Click Add/Update Beneficiaries Follow the steps to designate a beneficiary for your life insurance
- Be sure to keep your beneficiary information up to date. Log in to [metlife.com/mybenefits](http://metlife.com/mybenefits) whenever you need to change your beneficiary information.

**11. Dependent Group Term Life For Spouse or Other Qualified Adult**

- \$10,000       \$ 25,000       \$50,000       \$100,000       Waive coverage

You must be enrolled in the University Plan to enroll in a Dependent Plan. Deductions are taken after-tax. The U-M faculty or staff member is automatically the beneficiary under this plan.

Your spouse or other qualified adult must complete a health statement for coverage under the Dependent Plan. You will receive an email from MetLife with instructions on how to submit the health statement. Additional evidence of good health may be required.

**12. Dependent Group Term Life Coverage Levels For Dependent Children**

\$2,000 per child                       \$5,000 per child                       Waive coverage  
 You must be enrolled in the University Plan to enroll in a Dependent Plan. Deductions are taken after-tax. The U-M faculty or staff member is automatically the beneficiary under this plan. No health statement is required.

**13. Expanded Long-Term Disability** Supplemental (adjunct) faculty, graduate students, Research Fellows, and members of AFSCME or the HOA are **not** eligible to enroll in the U-M Expanded LTD plan.

Enroll                       Enroll in Coverage for Practicing Physician <sup>1</sup>                       Waive coverage  
<sup>1</sup>A "practicing physician" is defined as a licensed physician who provides patient services at a U-M medical facility and/or affiliated hospital.  
 Review the LTD section at [hr.umich.edu/expanded-ltd](http://hr.umich.edu/expanded-ltd) for information about eligibility, enrollment and coverage options.

**14. Health Care Flexible Spending Account (Faculty and staff only)**

You may use this account to cover **eligible health care expenses** for yourself and your eligible dependents. For more information, view the Health Care Flexible Spending Account information at [hr.umich.edu/health-care-fsa](http://hr.umich.edu/health-care-fsa). Deductions are taken pre-tax.

You may elect to contribute from **\$120** up to **\$3,300** per year.

Enroll                      Annual election amount: \$ \_\_\_\_\_  
 Waive

**15. Dependent Care Flexible Spending Account (Faculty and staff only)**

You may only use this account to cover **eligible dependent child day care or elder day care expenses** so you can work or go to school full time. For more information, view Dependent Care Flexible Spending Account information at [hr.umich.edu/dependent-care-fsa](http://hr.umich.edu/dependent-care-fsa). Deductions are taken pre-tax.

You may elect to contribute from **\$120** up to **\$7,500** per year. Highly compensated staff are limited to \$3,600 per year. For details, see [hr.umich.edu/fsa-eligibility-enrollment](http://hr.umich.edu/fsa-eligibility-enrollment)

Enroll                      Annual election amount: \$ \_\_\_\_\_  
 Waive

(If UMID is unknown)

**16. General Provisions, Authorization and Confirmation of Benefits**

Signature required below.

**1. HIPAA.** The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the University of Michigan to inform you of your rights to Special Enrollment under any of the health plans offered by U-M when you or your eligible dependents (spouse/children) decline coverage during the initial enrollment period. If you are declining enrollment for yourself, or your dependents (spouse/children) because of coverage under another group health plan, you may in the future be able to enroll yourself or your dependents in a U-M health plan, provided you request enrollment within thirty (30) days after your other coverage ends. I understand that if I do not gain special enrollment rights upon a loss of other coverage, my next opportunity to enroll in a U-M health plan will be the next annual open enrollment period with coverage effective January 1, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption. I understand that I am also waiving prescription drug coverage.

**2. Dependents.** Any dependents I am enrolling meet the eligibility requirements described in the benefit enrollment materials. Upon request, I will furnish a copy of an affidavit of eligibility, my marriage license, divorce decree, the section of my IRS Form 1040 listing dependents, court orders establishing guardianship or adoption, and/or the birth certificate of any in-dividual for whom I seek benefits. By my signature on this enrollment form, I certify that I understand and agree that to claim coverage for an ineligible dependent is serious misconduct, and in the event of such conduct, I agree to reimburse U-M for any cost incurred, and may be subject to disciplinary action. If there is any change in the status of any of the individuals listed on this form, I will be responsible for notifying U-M within 30 days of such change.

**3. Release of Information.** By signing this form to enroll in benefits at U-M, I authorize any doctor, hospital or other provider who render service(s) to me or my eligible dependents to furnish to the health plan I select on this application any information that plan requests related to health care information, claims, and other insurance payments.

**4. Deduction Authorization.** I have reviewed the benefit enrollment materials and agree to the terms and conditions listed there. I authorize deductions, if appropriate, for my benefit choices based on the current rate and any future rate changes (increases or decreases).

**5. Affirmation and Understanding.** I affirm under penalty of perjury that the preceding statements are true and complete to the best of my knowledge. I further understand that any misrepresentation of these statements may result in serious consequences including loss of benefits, discipline or appropriate legal action.

**Health Savings Account**

Tax Deferring Agreement:

1. I understand and agree to the following terms and conditions of this salary reduction agreement, including the amount of the salary reduction, effective date, and HSA administrator with respect to my University of Michigan compensation and my Health Savings Account.
2. I understand I use this form to authorize tax-deferred and/or designated after-tax contributions to be contributed from my salary to an HSA account on my behalf.
3. This Agreement is legally binding and irrevocable between the University of Michigan and myself. If the University of Michigan modifies future versions of this Agreement to comply with federal law or regulations, I agree that this Agreement shall be administered according to such modified Agreements.
4. I agree to hold harmless and indemnify the University of Michigan for any and all liability and expenses by it as the result of any misstatement or omission made by me in this Agreement. This Agreement revokes any previously signed Agreement. This salary reduction agreement is covered under and shall be interpreted consistent with U.S. Treasury Regulations.
5. This Agreement will generally become effective with respect to University of Michigan compensation paid on or after the date I sign it and the Benefits Office approves it.
6. If I participate in another tax-deferred plan outside the U-M, I need to contact a tax advisor to ensure I do not exceed IRC limits.
7. I understand that my enrollment and health information will be shared with HealthEquity for the purpose of administering and coordinating payment under my health savings account.
8. I understand that in compliance with the USA PATRIOT Act, HealthEquity must verify the identity of all individuals who seek to open an HSA. I understand that as part of this identity verification process, I may be asked to provide additional information and/or documentation before my account can be established.
9. I understand that HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses and that most states recognize HSA funds as tax-free with very few exceptions.
10. I understand that it is my responsibility to ensure that I meet the eligibility requirements to participate in the HSA and for the eligibility of the expenses submitted for the HSA.
11. To ensure compliance, it is my responsibility to consult a qualified tax advisor related to the HSA.

**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.

**Confirmation and Acknowledgment**

You cannot cover under your U-M benefit plans: (1) Anyone who works for U-M and has his or her own coverage as an employee of U-M; (2) Any eligible dependents who are already covered by another employee of U-M, unless you are court-ordered to provide such coverage; (3) Anyone who is not your legal spouse or eligible dependent; (4) Yourself if you are covered by another U-M employee as a dependent on their benefit plan. When you sign this form, you confirm that you understand and agree that claiming such coverage is misconduct, and you agree to reimburse U-M for any additional costs incurred as a result of that misconduct.

Signature of Faculty or Staff Member \_\_\_\_\_

Date Signed \_\_\_\_\_



HUMAN RESOURCES  
**BENEFITS OFFICE**  
UNIVERSITY OF MICHIGAN

**Questions?**

Visit the Shared Services Center - HR Customer Care website for more information:  
[ssc.umich.edu/human-resources](http://ssc.umich.edu/human-resources).

**How to Return Your Signed and Completed Form**

Return your form by fax or mail.

**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  
1000 Victors Way  
Ann Arbor, MI 48108

**Receipt Confirmation**

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