**GR**

University of Michigan

# Form 1095 Electronic Consent

| **For BTT Use Only** |
|---|
| Event Date _____ |
| Input Elections _____ |

Complete and return this form to consent to receive an electronic Form 1095 for the 2026 tax year or to withdraw consent. **Time Sensitive**: Your signed and completed form must be received by the SSC - HR Customer Care no later than **noon on Dec. 24, 2026**. 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) | Daytime Phone Number |

## 2. Consent for Electronic Form 1095 or Withdraw Consent

Check one box.

☐ By checking this box, **I give my consent** that I will use Benefits Self-Service on Wolverine Access to receive my Form 1095 electronically.

☐ By checking this box, **I withdraw my consent** to receive my Form 1095 electronically. I understand it will be effective for only Form 1095 forms not yet issued.

## 3. Signature

The signature of the employee or the responsible individual is required.

_____ _____

Faculty or Staff Member's Signature | Date Signed

HUMAN RESOURCES
BENEFITS OFFICE
UNIVERSITY OF MICHIGAN

### Questions?

If you have any questions, visit 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. Eastern Time.

## How to Return Your Signed and Completed Form

### By FAX

**Fax it to 734-763-0363**.
Keep a copy of the fax transmission report with your form in your records.

### By Mail

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