

Retiree Benefits Re-enrollment Form

Print all information in **black ink**. Completed and signed forms must be postmarked by October 24, 2025.

1. Retiree Information

Name (Last, First, Middle Initial)

Daytime Telephone Number

UMID (Social Security Number if unknown)

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

A. Health Plan Options

U-M Premier Care Advantage*

Medicare Advantage PPO

You only

You + Adult

You + Adult + Child(ren)

You + Child

You + Children

* Enrollment is limited to those who live in the service area. To verify your eligibility, visit hr.umich.edu/health-plans.

B. Dental Plan

Option 1

Option 2

Option 3

Waive Coverage

You only

You + Adult

You + Adult + Child(ren)

You + Child

You + Children

C. Vision Plan

Enroll

Waive Coverage

You only

You + Adult

You + Adult + Child(ren)

You + Child

You + Children

D. Legal Plan

Enroll

Waive Coverage

You only

You + Adult

You + Adult + Child(ren)

You + Child

You + Children

3. Confirmation of Continuous Coverage

Provide the medical and prescription drug coverage below for you and/or your dependents that demonstrates that you had continuous coverage since the time you waived your U-M coverage. You will only be permitted to add dependents who were eligible for coverage under your U-M plans as of your retirement date. You will not be permitted to enroll any dependent not identified below.

Name (Last, First, Middle Initial)	Rel. Code*	Insurance Company Name	Policy Number	Policy Type (Group or Individual)	Coverage Effective Date
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*Relationship Codes: SL = Self, SP = Spouse, C = Child, SA = Other Qualified Adult (OQA), CO = Child of OQA, C = Stepchild, GC = Grandchild, R = Other Relative (niece or nephew), SB = Sibling

4. Medicare If you or any dependents listed above are enrolled in Medicare, copy the exact information from the Medicare card.

Name	Medicare Number	Part A (Hospital) Effective Date	Part B (Medical) Effective Date
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5. Certification and Signature

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

Signature of Retiree

Date Signed



Questions?

Visit hr.umich.edu/benefits-wellness, or call the Shared Services Center - HR Customer Care at (734) 615-2000 locally or toll-free at (866) 647-7657; or email sharedservices@umich.edu, Monday-Friday, 8 a.m.-1 p.m. and 2-5 p.m.

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

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 - HR Benefits Transactions
3003 South State Street
Ann Arbor, MI 48109-1276