

Benefits Enrollment Acknowledgement

Eligibility for Coverage

In no event can a person receive coverage as both an employee and as a dependent of another U-M employee. For example, you may not have coverage for yourself as an employee and be a dependent on the coverage of a spouse, an OQA or a parent who has coverage under a U-M benefit plan. No dependent child can be covered by more than one U-M employee's benefit plan, unless there is a court order to provide such coverage.

In no event can an employee include a dependent on a benefit plan who is ineligible for coverage. When you submit your benefit elections, you confirm that you understand and agree that enrolling an ineligible dependent is misconduct, and you agree to reimburse U-M for any additional costs incurred as a result of that misconduct.

Review the [Dependent Eligibility information](#) ensure all dependents are eligible for coverage for those currently enrolled or those you wish to add to your coverage.

HIPAA Special Enrollment Notice

Click on the following link for important information if you are declining medical plan enrollment for yourself or your dependents (including your spouse/OQA) because of other medical coverage: [HIPAA Special Enrollment Notice](#)

Limitations

The university in its sole discretion may modify, amend, or terminate the benefits provided with respect to any individual receiving benefits, including active employees, retirees, survivors and dependents. Although the university has elected to provide these benefits, no individual has a vested right to any of the benefits provided. Nothing 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.

Authorize Elections

The submission of your benefits choices authorizes the University of Michigan to take deductions from your paycheck to cover the cost of the employee-paid portion of your benefits, and also to send necessary personal information to your selected providers.

You certify that the information provided, including information regarding eligibility of dependents, is true and accurate, and understand that providing false information is a serious offense.