GV

University of Michigan

Benefits Enrollment/Change Form

Please print all information in **black** ink.

1. U-M Faculty, Staff Member, Retiree or Survivor Information

Name (Last, First, Middle Initial)	Daytime Phone	UMID	U.S. Social Security Number (If UMID is unknown)

2. Date of Event: _____

NOTE: This form must be received by SSC Benefits Transactions **within 30 days** after the event.

Enroll/Add/Change

- ☐ Birth/Adoption
- ☐ Marriage
- ☐ Other Qualified Adult

Dependent's UMID (if employed by U-M): _____

Enroll/Add

- ☐ Legal Guardianship
- ☐ Principal Support
- ☐ Divorce
- ☐ Involuntarily Lost Coverage
- ☐ Other: _____

Delete

- ☐ Death of Dependent
- ☐ Dependent newly eligible for own benefits due to job commencement, job change or their employer's Open Enrollment.

For all other dependent deletions, including divorce or the ineligibility of a dependent, use the form "Notice of COBRA Qualifying Events."

Cancel*

- ☐ Cancel coverage for me and my dependents.

Reason: _____

3. Check the appropriate box(es) below to indicate where you wish to make an addition or deletion to your current benefits coverage.

Health Plan

- ☐ BCBSM/Community Blue PPO
- ☐ Comprehensive Major Medical
- ☐ GradCare (eligible graduate students only)
- ☐ Consumer-Directed Health Plan (Annual HSA contribution: $ _____)
- ☐ Michigan Care (must live in the service area)
- ☐ U-M Premier Care (must live in the service area)
- ☐ Waive Medical Coverage*

***** Canceling or waiving medical coverage also cancels prescription drug coverage.
If you are canceling or waiving medical coverage because you are covered under another individual's medical plan, please provide the following information:

Name of Policy Holder: _____

Name of Employer: _____

Group Name: _____

Dental

- ☐ Option 1
- ☐ Option 2
- ☐ Option 3
- ☐ Waive

Vision

- ☐ Enroll
- ☐ Waive

Legal

- ☐ Enroll
- ☐ Waive

Spouse or Other Qualified Adult Life

(Health Statement Required)

- ☐ $10,000 Desired
- ☐ $25,000 Desired
- ☐ $50,000 Desired
- ☐ $100,000 Desired
- ☐ Waive

Child Life

- ☐ $2,000
- ☐ $5,000
- ☐ Waive

4. Dependent Information – You must complete the following section for all additions and/or deletions. Enter the information for each dependent, and then write **A** in the appropriate benefit column to add to your coverage or **D** to delete from your coverage, or **C** to change.

Name (Last, First, Middle Initial)	**U.S. Social Security Number**[1]	**Relationship Code**[2]	**Gender (M/F)**	**Date of Birth MM/DD/YY**	**Medical**	**Dental**	**Vision**	**Legal**	**Life**

[1] Social Security Number required for adult dependents, and under the Affordable Care Act will be requested by the university for all dependents enrolled on a U-M health plan.

[2] 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 insurance for these relationships generally requires taxation of the university's contribution.

Coverage for dependents is only allowed when certain criteria are met. Proof of eligibility may be required. See hr.umich.edu/benefits-eligibility for details. See the second page of this form for more information on adding dependents to your coverage.

5. Medicaid or Medicare – Are any of the dependents listed above eligible for Medicaid or Medicare? If yes, provide the following information and attach a copy of the Medicaid or Medicare card.

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

6. Authorization and Signature – The information provided above is correct to the best of my knowledge. I have read and agree to the terms and conditions listed on the second page of this form. 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).

_____ _____

Signature of Faculty, Staff Member, Retiree or Survivor | Date Signed

Benefits Enrollment/Change Form

Terms and Conditions
By signing this form you agree to abide by the following:

IRS Section 125 Restrictions
Dependents can only be added or deleted mid-year if a family status change occurs which is consistent with the benefits change that is being made. Notify the SSC Contact Center of the family status change by completing the required forms **within 30 days** of the event. If you fail to notify the SSC Contact Center within 30 days of the event, you must wait until the next Open Enrollment (usually in October with changes effective January 1) in which you are eligible to participate to make the change. Family status changes include marriage, divorce, the birth or adoption of a child, ineligibility of a dependent, or a change in employment status (for you, your spouse or dependent), such as a leave of absence without salary, a job termination or new job commencement.

To Add a Dependent to Your Current Coverage
In order to add an eligible dependent to your current coverage, you must follow the enrollment rules listed below. To be qualified, your dependent must meet the eligibility requirements listed at hr.umich.edu/benefits-eligibility. The federal Mandatory Insurer Reporting Law requires group health plans to report to Medicare the Social Security numbers of adults covered under an insurance 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 regulation.

Marriage
To be covered, your new spouse must be added to your coverage within 30 days of your date of marriage. The effective date of coverage will be retroactive to the date of marriage.

Other Qualified Adult
An other qualified adult must be added to your coverage within 30 days of meeting all of the OQA eligibility criteria as specified at hr.umich.edu/benefits-eligibility. The effective date of coverage will be retroactive to the date of eligibility.

Birth
Your new child must be added to your coverage within 30 days of the date of birth. The effective date of coverage will be retroactive to the date of birth.

Adoption
Your adopted child must be added to your coverage within 30 days of the adoption or placement for adoption. SSC Benefits Transactions must verify the date of adoption by reviewing the adoption documentation. For U.S. adoptions, attach the court signed petition for adoption or adoption decree. For international adoptions, attach a copy of the visa or passport page that identifies the date of U.S. entry and a copy of the adoption orders signed by a magistrate or other government official.

Legal Guardianship
When you accept legal guardianship of a child, the child should be added to your coverage within 30 days of the date the petition is signed by the court. A copy of the signed court order must be provided to SSC Benefits Transactions for review. Coverage becomes effective on the date the court order is effective, or on the date the child moves into your home, whichever is later. You may cover her or him through the end of the year in which the child turns age 18, or until the expiration date stipulated by the court within the Letters of Guardianship, but in no event beyond the end of the month the child reaches age 26.

Principally-Supported Children
If you provide principal support for a relative such as a grandchild or nephew, you may cover her or him through the end of the year in which the child turns age 19. The dependent must be related to you by blood or marriage. You must have supported the dependent for a minimum of six full months. Coverage becomes effective 90 days after the application is received by SSC Benefits Transactions, which means that the minimum waiting period is nine months. This waiting period does not apply to stepchildren. Attach a copy of the Application for Principally Supported Child and Employee Certification.

Stepchildren
Stepchildren can be added to your coverage within 30 days of the date of marriage and covered through the end of the month in which they turn age 26. Coverage becomes effective on the date of your marriage.

Children of an Other Qualified Adult
Children of your other qualified adult (OQA) can be added to your coverage within 30 days of the date the OQA meets all of the OQA eligibility requirements. Coverage becomes effective on the date all of the OQA eligibility requirements are met and continues through the end of the month in which the child turns age 26.

To Delete a Dependent from Your Current Coverage

Death of a Dependent
Provide the date of death of the dependent on this form.

Job Commencement, Job Change or Open Enrollment of Dependent with Benefit Eligibility
If your dependent becomes eligible for benefits through their employer or has Open Enrollment, you may remove them from your benefits within 30 days of the coverage effective date under the other plan. You may remove your dependent only from those benefits in which they actually newly enroll (i.e., you may not remove your dependent from your dental coverage if the dependent newly enrolls in medical coverage only). Coverage will be canceled the first of the month following the month in which your dependents are newly eligible for their own coverage.

For all other dependent deletions, including divorce or ineligibility of a dependent, please use the "Notice of COBRA Qualifying Event" form available from hr.umich.edu/health-plan-forms-documents

Important Notice
You cannot cover under your University of Michigan benefits plans:
(1) Anyone who works for the university and has his or her own coverage as an employee of the university;
(2) Any eligible dependents who are already covered by another employee of the university, 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 University of Michigan employee in the same plan.

When you sign this change form, you confirm 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.

Release of Information
The SSC Contact Center will not release any information about you except:
(1) when you request it in writing, or
(2) when the release is necessary to process or review a claim (for example, to another insurance company).

If requested to do so, the SSC Contact Center will notify you of the information released and to whom.

Authorization
You authorize any doctor, hospital or other provider rendering service to you or your dependents to furnish to the plan you have selected on this application any information requested concerning medical information, claims and other insurance payments.

Requested Documentation
The university reserves the right to require proof of dependency upon request. When you sign this form, you agree to provide such documentation upon request.

Changes in Deduction Amounts
Any changes in your deduction amount due to a change in benefits enrollments resulting from a status change will be deducted from your paycheck. Deductions are retroactive to the event date if the event date is the first of the month. If the event date is after the first of the month, deductions begin on the first full pay period after the event date.

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.

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 Only
Make a copy for your records and send the original by **Campus Mail or U.S. Mail to:**
SSC Benefits Transactions
Wolverine Tower
3003 South State Street
Ann Arbor, MI 48109-1276