Benefits Enrollment Guide

As a faculty or staff member new to the University of Michigan or newly eligible for U-M benefits, this document is designed to help you find the information you need to make your benefits choices and to guide you through the online enrollment process. Please be aware that enrollment for most benefits is not automatic and you will need to enroll in benefits within 30 days or as specified by your collective bargaining agreement.

Resources

<table>
<thead>
<tr>
<th>U-M Shared Services Center Contact Center — Call for help with benefits or enrollment Monday – Friday, 8:00 a.m. – 5:00 p.m. Eastern Time.</th>
<th>SSC Benefits Transactions – Fax number for submitting benefits forms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Call:</strong> 5-2000 from the U-M Ann Arbor campus 734-615-2000 (locally) 866-647-7657 (toll free)</td>
<td><strong>Fax:</strong> 734-763-0363</td>
</tr>
</tbody>
</table>

**Websites**

- **To review benefits information**, including details on U-M benefits plans, options, eligibility, and links to plan books and forms:
  - University Human Resources Website [hr.umich.edu/benefits-wellness](http://hr.umich.edu/benefits-wellness)
- **To view your rates, enroll in benefits**, update your home mailing address and phone numbers, sign up for U-M emergency alerts, view your paycheck, and access other password-protected personal university information:
  - Wolverine Access [wolverineaccess.umich.edu](http://wolverineaccess.umich.edu)

Key Points:

1) **You must enroll for most benefits (particularly those health-related) within 30 days of your date of hire or the date you became eligible for benefits**, or as specified by your collective bargaining agreement if you are a union member. See the Benefits Enrollment Deadlines and Defaults document at [hr.umich.edu/sites/default/files/benefits-enrollment-deadlines.pdf](http://hr.umich.edu/sites/default/files/benefits-enrollment-deadlines.pdf).

   **Enrollment for most benefits is NOT automatic**; it requires online enrollment, plus a few paper forms.

2) **Visit the University Human Resources website at** [hr.umich.edu/benefits-wellness](http://hr.umich.edu/benefits-wellness) **for details on eligibility for you and your dependents and information on the available benefits plans, options, and rates.** If considering an HMO or managed care health plan, be certain your family’s personal care physicians participate in the plan you are considering. If you want to know if your provider participates with a particular plan, contact your provider and ask.

3) **Please set aside time to review the benefits AND enrollment websites carefully.**

4) **Once enrolled online, your health benefits are retroactive to the date of hire or date of eligibility and remain in effect until December 31, 2018** (or December 31, 2019 if your job is online after 5:00 p.m. on October 12, 2018) as long as you remain eligible. Compare options carefully; the next opportunity to choose differently will be during the next Open Enrollment event unless you experience a qualified family status change. See [hr.umich.edu/changing-your-benefits](http://hr.umich.edu/changing-your-benefits) for details.
Quick Guide to U-M Benefits Plans

Following is a list of the benefits plans U-M currently offers to benefits-eligible faculty, staff and students and the enrollment steps for each plan. Your eligibility for benefits is based on your job/career family or benefit group, your appointment percentage, and the duration of your appointment. To see the plans for which you and your dependents are eligible and your monthly rates, see the University Human Resources website at hr.umich.edu/benefits-wellness. Enrollment for most benefits is NOT automatic; it requires online enrollment, plus a few paper forms. Benefits are subject to change.

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Fast Facts</th>
<th>Steps for Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Plan</strong></td>
<td>Choose Traditional, PPO, or Managed Care.</td>
<td>Enroll online through Wolverine Access/Self Service within 30 days of hire or benefits eligibility.*</td>
</tr>
<tr>
<td>Includes Prescription Drug Plan</td>
<td></td>
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</tr>
<tr>
<td><strong>Dental</strong></td>
<td>Three plan options available. Choose Option 1, Option 2, or Option 3.</td>
<td>Enroll online through Wolverine Access/Self Service to change option for self and/or enroll dependents within 30 days of hire or benefits eligibility.*</td>
</tr>
<tr>
<td>Delta Dental Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td>Exam, eyeglasses and/or contact lens coverage.</td>
<td>Enroll online through Wolverine Access/Self Service within 30 days of hire or benefits eligibility.*</td>
</tr>
<tr>
<td>Davis Vision Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Legal</strong></td>
<td>General legal services for you and your family.</td>
<td>Enroll online through Wolverine Access/Self Service within 30 days of hire or benefits eligibility.*</td>
</tr>
<tr>
<td>Hyatt Legal Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Flexible Spending Accounts (FSA)</strong></td>
<td>Set aside pretax dollars for Health Care and/or Dependent Care eligible expenses.</td>
<td>Mail/Fax the FSA enrollment form to SSC Benefits Transactions within 30 days of hire or benefits eligibility.*</td>
</tr>
<tr>
<td><strong>Expanded Long-Term Disability</strong></td>
<td>Continue 65% of base salary, benefits, and U-M’s retirement contribution if totally disabled. Plan limitations may apply.</td>
<td>Enroll online through Wolverine Access/Self Service within 30 days of hire or benefits eligibility.* No proof of insurability is required as a new hire only.</td>
</tr>
<tr>
<td><strong>Retirement Savings Plans</strong></td>
<td>You may enroll with TIAA-CREF and/or Fidelity Investments.</td>
<td>Enroll any time online through Wolverine Access/Self Service.</td>
</tr>
<tr>
<td>• Basic Retirement Plan</td>
<td></td>
<td></td>
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<tr>
<td>• Supplemental Retirement Account (SRA)</td>
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<td></td>
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<tr>
<td>• 457(b) Deferred Compensation Plan</td>
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<td></td>
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<tr>
<td>• Roth after-tax option</td>
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</tr>
<tr>
<td><strong>University Group Term Life Insurance</strong></td>
<td>Automatic on date of hire; no cost for self ($30,000 term life policy).</td>
<td>Designate your beneficiaries with MetLife at: <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>.</td>
</tr>
<tr>
<td><strong>Optional Group Term Life Insurance</strong></td>
<td>Amounts available: $5,000, $50,000, or 1 to 8 times salary.</td>
<td>Enroll online through Wolverine Access/Self Service within 30 days of hire or benefits eligibility.* No proof of insurability is required as a new hire only.</td>
</tr>
<tr>
<td><strong>Dependent Spouse or Other Qualified Adult Term Life Insurance</strong></td>
<td>Employee is beneficiary, possible to apply for a $10,000, $25,000, $50,000, or $100,000 policy.</td>
<td>Enroll online through Wolverine Access/Self Service within 30 days of hire or benefits eligibility.* Mail/Fax proof of insurability forms to MetLife. Requires short or long health statement.</td>
</tr>
<tr>
<td><strong>Dependent Child Term Life Insurance</strong></td>
<td>Employee is beneficiary; choose a $2,000 or $5,000 policy.</td>
<td>Enroll online through Wolverine Access/Self Service within 30 days of hire or benefits eligibility.* No proof of insurability is required at any time.</td>
</tr>
<tr>
<td><strong>Business Travel Accident Insurance</strong></td>
<td>Automatic for self on date of hire.</td>
<td>No application required. Enrollment is automatic.</td>
</tr>
</tbody>
</table>

*Enrollment deadlines may differ for those covered by collective bargaining agreements.
STEP-BY-STEP Online Enrollment Instructions

- **To identify the benefits plans** and options that best meet your needs and those of your dependents, review options online at hr.umich.edu/benefits-wellness.

- **To enroll in benefits plans**, go to Wolverine Access at wolverineaccess.umich.edu, or click the Wolverine Access link located under “quick links” on the U-M gateway, umich.edu.

1) Select the Faculty & Staff tab and then select Employee Self-Service, or if you are a student select the Students tab and then select Student Business. Enter your uniqname Login ID and UMICH password. (If you don't have a uniqname or UMICH password, contact your supervisor.)

2) Click Log In, which displays the Self Service page.

3) Click Benefits, and then click the Select button on the Benefits Enrollment page.

4) Follow the online instructions to make your benefits selections. Choose (or edit and store) each benefit for you and your eligible dependent(s). For assistance, click on “help.” or call the SSC Contact Center at 5-2000 from the U-M Ann Arbor campus, 734-615-2000 locally or toll-free 866-647-7657 (8:00 a.m. -5:00 p.m. Eastern Time).

5) Click SUBMIT to finalize your benefits choices and click SUBMIT again to send them for processing. **At this time, all selections are final and no further changes can be made.** A confirmation statement summarizing your choices will be displayed and emailed to you. Record the confirmation number or print a copy of the confirmation statement for reference. **If you are unable to enroll online, call the SSC Contact Center immediately.** Review your Benefits Summary (under Benefits on the Self Service page) on Wolverine Access the day after you finalize your benefits.

**NOTES**

- **DEADLINES:** To obtain coverage for you and your eligible dependents, you must enroll in your benefits within 30 days of your date of hire or eligibility, or by the deadline specified by your collective bargaining agreement.

- **LIMITATIONS:** Once you have submitted your benefits elections, or after your enrollment deadline has passed, you will not be able to change health, dental, legal or vision plans, or your FSA, until the next Open Enrollment period, unless you experience a qualified family status change that impacts eligibility for benefits. Open Enrollment is usually in October and new benefits elections go into effect January 1.

- **DUAL U-M FAMILIES:** If two members of a household work at U-M and/or have U-M benefits as a retiree, special conditions may apply. 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.

- **WAIVE BENEFITS:** You may elect to waive your U-M benefits. When you waive health coverage you also waive prescription drug coverage. Before you waive your U-M coverage, be sure to read and understand the conditions that may allow you to enroll in a U-M health plan if you should lose your coverage through another employer or group health plan.

- **EFFECTIVE DATE:** All health benefits are retroactive to your date of hire or date of eligibility. Flexible Spending Account enrollments begin the first of the month after the appropriate forms are received by SSC Benefits Transactions. Retirement Savings Plan enrollments generally become effective with the next available paycheck after your enrollment is completed.
Benefit Enrollment Deadlines and Defaults

Important
To obtain coverage for you and your eligible dependents, you must enroll in your benefits within the election deadline for your career/job family or bargaining unit as specified below.

Benefits elections you make, including waiving coverage, remain in effect until the next open enrollment with continuous eligibility unless you experience a qualified family status change.

<table>
<thead>
<tr>
<th>Career/Job Family</th>
<th>Election Deadline</th>
<th>Default Enrollment if No Elections Received by Deadline</th>
</tr>
</thead>
</table>
| Faculty and Staff                                       | 30 days           | • Failure to submit elections within the 30-day deadline will result in no health coverage or prescription drug coverage.  
|                                                         |                   | • Dental Option 1 – you only  |
| Research Fellows                                        | 30 days           | Comprehensive Major Medical and Dental Option 1 – you only  |
| Temporary employees and other groups covered under Employer Shared Responsibility (ESR). For more information, visit hr.umich.edu/esr | 30 days           | Failure to submit elections within the 30-day deadline will result in no health coverage or prescription drug coverage.  |

<table>
<thead>
<tr>
<th>Bargaining Unit</th>
<th>Election Deadline</th>
<th>Default Enrollment if No Elections Received by Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFSCME</td>
<td>30 days</td>
<td>Comprehensive Major Medical and Dental Option 1 – you only</td>
</tr>
<tr>
<td>House Officers Association</td>
<td>30 days</td>
<td>UM Premier Care and Dental Option 1 – you only</td>
</tr>
<tr>
<td>International Union of Operating Engineers</td>
<td>30 days</td>
<td>Comprehensive Major Medical and Dental Option 1 – you only</td>
</tr>
</tbody>
</table>
| Lecturers’ Employees Organization                      | 30 days           | • Failure to submit elections within the 30-day deadline will result in no health coverage or prescription drug coverage.  
|                                                         |                   | • Dental Option 1 – you only  |
| Police Officers Association of Michigan                 | 30 days           | Comprehensive Major Medical and Dental Option 1 – you only  |
| Michigan Nurses Association                            | 30 days           | Comprehensive Major Medical and Dental Option 1 – you only  |
| Trades                                                 | 30 days           | • Failure to submit elections within the 30-day deadline will result in no health coverage or prescription drug coverage.  
|                                                         |                   | • Dental Option 1 – you only  |

Notes
You may only submit your benefit elections one time within the election period. Once you have submitted your elections or your election deadline has passed, you will not be eligible to change health, dental, vision, or legal plans or enroll in a flexible spending account until the next Open Enrollment period (usually in October with elections effective January 1 of the following year) or until your next period of eligibility under the Affordable Care Act, unless you experience a qualified family status change.

If eligible, you can enroll in or change Basic Retirement, Supplemental Retirement and Child Life insurance at any time of the year. If eligible, you can enroll in Expanded Long-Term Disability, Optional Group and Dependent Spouse or Other Qualified Adult Group Term Life Insurance at any time by providing proof of insurability in the form of a health statement.

Questions?
You may review benefits information at hr.umich.edu/benefits-wellness. If you have any questions about the benefits plans or the enrollment process, please call the SSC Contact Center at 734-615-2000 (5-2000 from U-M Ann Arbor) or 1-866-647-7657 (toll free for off-campus calling within the U.S.), Monday through Friday from 8 a.m. to 5 p.m.
# Benefit Enrollment Deadlines and Defaults

**Important**

To obtain coverage for you and your eligible dependents, you must enroll in your benefits within the election deadline for your career/job family or bargaining unit as specified below.

Benefits elections you make, including waiving coverage, remain in effect until the next open enrollment with continuous eligibility unless you experience a qualified family status change.

<table>
<thead>
<tr>
<th>Career/Job Family</th>
<th>Election Deadline</th>
<th>Default Enrollment if No Elections Received by Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Student Research Assistants</td>
<td>30 days</td>
<td>GradCare and Dental Option 1 – you only</td>
</tr>
<tr>
<td>Benefit Eligible Fellowship Students</td>
<td>30 days</td>
<td>GradCare and Dental Option 1 – you only</td>
</tr>
<tr>
<td>Benefit Eligible Medical School Students</td>
<td>30 days</td>
<td>GradCare – you only</td>
</tr>
<tr>
<td>Temporary employees and other groups covered under Employer Shared Responsibility (ESR). For more information, visit hr.umich.edu/esr</td>
<td>30 days</td>
<td>Failure to submit elections within the 30-day deadline will result in no health coverage or prescription drug coverage.</td>
</tr>
</tbody>
</table>

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<tr>
<th>Bargaining Unit</th>
<th>Election Deadline</th>
<th>Default Enrollment if No Elections Received by Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>GEO Members (Greater than 25% appointment)</td>
<td>30 days</td>
<td>GradCare and Dental Option 1 – you only</td>
</tr>
<tr>
<td>GEO Members (Less than 25% appointment)</td>
<td>30 days</td>
<td>GradCare and Dental Option 1 – you only</td>
</tr>
</tbody>
</table>

**Notes**

You may only submit your benefit elections one time within the election period. Once you have submitted your elections or your election deadline has passed, you will not be eligible to change health, dental, vision, or legal plans until the next Open Enrollment period (usually in October with elections effective January 1 of the following year) or until your next period of eligibility under the Affordable Care Act, unless you experience a qualified family status change.

Medical School Students are required to provide their source of other health coverage in order to waive coverage from the university.

**Transferring Between Career/Job Families**

When you change between an employed student and a benefit-eligible fellowship, the Benefits Transaction Team will automatically continue plans in which eligibility does not change. If you become newly eligible for a plan, you will receive an email with enrollment instructions. Please review your confirmation statement to determine if you have lost eligibility for a plan.

Graduate Student Research Assistants and GEO Members can enroll in or change Supplemental Retirement and Child Life insurance at any time of the year. Graduate Student Research Assistants and GEO Members can enroll in Optional Group and Dependent Spouse or Other Qualified Adult Group Term Life Insurance at any time by providing proof of insurability in the form of a health statement.

**Questions?**

You may review benefits information at [hr.umich.edu/benefits-wellness](http://hr.umich.edu/benefits-wellness). If you have any questions about the benefits plans or the enrollment process, please call the SSC Contact Center at 734-615-2000 (5-2000 from U-M Ann Arbor) or 1-866-647-7657 (toll free for off-campus calling within the U.S.), Monday through Friday from 8 a.m. to 5 p.m.

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University of Michigan

2018 Flexible Spending Account Deduction Authorization Form

For All Eligible Faculty and Staff Members.

Please use this form to make your elections. 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 within 30 days after your qualified family status change. **These elections remain in effect from your effective date** through December 31, 2018 unless you experience a qualified family status change. You must re-enroll in a Flexible Spending Account each year that you wish to participate.

1. Faculty or Staff Member Information.

<table>
<thead>
<tr>
<th>Name (Last, First, Middle Initial)</th>
<th>UMID</th>
<th>U.S. Social Security Number (if UMID is unknown)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City, State, Zip</td>
<td>Home Phone Number</td>
</tr>
<tr>
<td>Title</td>
<td>I am paid:</td>
<td>Email Address</td>
</tr>
<tr>
<td></td>
<td>☐ bi-weekly</td>
<td></td>
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<tr>
<td></td>
<td>☐ monthly</td>
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<tr>
<td></td>
<td></td>
<td>Daytime Phone Number</td>
</tr>
</tbody>
</table>


- Be sure the correct annual election amount is entered under each type of account. Inaccurate estimates of expenses may cause you to forfeit money.
- Funds cannot be transferred between dependent care and health care accounts or from one spouse to another.
- For annual contribution information, see the Flexible Spending Accounts section at hr.umich.edu/flexible-spending-accounts

- **Health Care Flexible Spending Account**
  Covers eligible health care expenses for you and your eligible dependents. For information on eligible expenses, go to hr.umich.edu. Only eligible expenses incurred on or after your effective date* through March 15, 2019 are reimbursable. You may contribute from $120 up to $2,600 per year to a Health Care FSA.

  Total annual amount you want to contribute to a Health Care FSA $__________ From effective date* through December 31, 2018

- **Dependent Care Flexible Spending Account**
  Covers eligible dependent daycare expenses so you can work or go to school full time. For information on eligible dependent daycare expenses, go to hr.umich.edu. Only expenses incurred on or after your effective date* through March 15, 2019 are reimbursable. You may contribute from $120 up to a possible maximum of $5,000 per year to a Dependent Care FSA. Highly compensated employees are limited to $3,600 per year. For information on contribution limits, see hr.umich.edu/fsa-eligibility-enrollment

  Total annual amount you want to contribute to a Dependent Care FSA $__________ From effective date* through December 31, 2018

Is your spouse also employed by U-M?  If yes, spouse's name ____________________________________________

Spouse's SSN or UMID ________________________________________

3. Flexible Spending Account Participants Release of Liability.

I release the University of Michigan and its Flexible Spending Accounts claims processor, PayFlex, from any liability incurred if I submit ineligible expenses for reimbursement or if I fail to follow the regulations for the Flexible Spending Account. I have read the Flexible Spending Accounts plan book available from hr.umich.edu and I understand the agreement and confirmation set out on page 2 of this form concerning flexible spending accounts.

*Effective Date: Your account becomes effective the first of the month following the date the enrollment form is received by SSC Benefits Transactions, your date of hire, or the date you become newly-eligible, whichever is later. For example, if your date of hire is March 1, and your Flexible Spending Account enrollment form is received March 10, your account becomes effective April 1, and only eligible expenses incurred on or after your April 1 effective date through March 15 of the following year would be eligible for reimbursement from your current FSA. You must re-enroll each year you wish to participate.

Effective* (month) __________________ through December 31, 2018, I authorize the University of Michigan to make the above pretax deductions on a monthly or bi-weekly basis, as appropriate, to fund my Flexible Spending Account(s) for health care expenses and/or dependent care expenses.

I certify that the Health Care Flexible Spending Account debit card will only be used for eligible medical care expenses for myself and my eligible dependents.

__________________________________________  ____________________________
Signature of Faculty or Staff Member       Date Signed
2018 Flexible Spending Account Deduction Authorization Form

Agreement and Confirmation

By my signature on the Flexible Spending Account Authorization Form, I confirm that I understand and agree to the following requirements of participation in a flexible spending account.

Annual Contribution Amounts

1. There are minimum and maximum amounts that can be contributed to the Flexible Spending Accounts each year. For a Health Care FSA, the minimum annual contribution is $120 and the maximum is $5,000 ($2,500 if married and filing separately). Keep in mind, this amount may be less based on your family gross earnings and tax filing status. See “Special Limits for Highly Compensated Faculty and Staff” below for information on IRS rules that may impact your Dependent Care FSA contribution amount.

2. Deductions will occur over 12 paychecks for faculty and staff members paid monthly, and over 24 paychecks for staff members paid bi-weekly. Deductions for mid-year enrollments will be based on the number of paychecks remaining in the calendar year after the effective date. Deductions cannot be taken from stipend or fellowship funds. No deductions will be taken during periods such as a leave when the enrollee is not receiving a salary from the university.

3. Deductions cannot be changed or canceled during the current election period unless a qualified family status change occurs (marriage, divorce, birth of baby, etc.) in which event the coverage change must be consistent with the change in status. If such a change occurs, the participant must provide documentation of the change by submitting a Health Care FSA and/or Dependent Care FSA Request for Change in Status form to SSC Benefits Transactions within 30 days of the event. Otherwise, the change cannot be made until the next Open Enrollment period.

4. Changes in deduction amounts will be effective the first day of the month following the receipt of the authorization form or date of eligibility, whichever is later. For example, assume that you enroll in a Health Care FSA to begin on January 1 and designate an annual contribution amount of $360. Then, on April 1 you increase the annual contribution amount to $1,000 due to a family status change. Between January 1 and March 31, $300 is available for incurred expenses. Any expenses incurred after April 1 are eligible for reimbursement up to $1,000, assuming no claims were previously filed.

Claims

5. Eligible expenses incurred on or after the effective date of coverage through March 15 of the following year can be claimed for reimbursement. Duplication reimbursement is not allowed. That is, expenses cannot be reimbursed by another source (such as a health insurance plan) or taken as an income tax deduction and reimbursed under a flexible spending account.

6. Be sure to sign your claim form. PayFlex will not process a claim if the form does not include your signature.

7. A claim form for reimbursement from a Health Care Flexible Spending Account must be accompanied by an itemized receipt and/or an Explanation of Benefits (EOB) form. An EOB form is provided by the health insurance company after a claim is filed. HMOs do not provide EOB forms. Participants who are enrolled in an HMO should submit an original itemized bill to document expenses.

8. For Health Care FSA expenses not covered by insurance, reimbursement requests will not be processed without acceptable evidence of your expenses. PayFlex will not accept canceled checks in lieu of a bill or receipt. Receipts must include the type of service, date expense was incurred, patient's name, name of the provider of service, and amount of expense. Statements showing only previous balances, or the amounts paid or balances due are not acceptable documentation.

9. You can fax your claims forms. PayFlex has established a toll-free fax number, (855) 703-5305, for the exclusive use of U-M FSA participants. Keep a copy of the fax transmission report as documentation the fax was successfully transmitted and received by PayFlex.

10. Keep a copy for your personal files for all documentation submitted to PayFlex. Bills or receipts cannot be returned.

11. Flexible Spending Account claims received by PayFlex, claims processor for the university’s FSA accounts, will generally be reimbursed within 15 business days from the date PayFlex receives your claim form. Dependent care reimbursements will not exceed the balance in the account as of the first of that month.

12. Funds cannot be transferred between the two types of accounts. Participation cannot be transferred to a spouse.

13. All eligible claims must be submitted to PayFlex by the cutoff date, May 31 of the following year. Any funds that remain in the accounts as of June 1 of the following year will be forfeited in accordance with IRS regulations. There are no exceptions to this rule. In accordance with IRS regulations, the university uses forfeited funds to pay administrative costs of the FSA program.

Special Limits for Highly Compensated Faculty and Staff

14. The IRS allows pre-tax contributions to an FSA as long as the plan does not favor highly compensated employees (HCE) as defined by the IRS. You are considered “highly compensated” if you had family gross earnings of $120,000 or more in the prior calendar year. In accordance with IRS regulations against discrimination, the Benefits Office examines FSA plans each year to ensure that they do not disproportionately benefit employees the IRS considers “highly compensated.” The Benefits Office determines the amount that can be contributed to a Dependent Care FSA by an HCE at the beginning of each year ($3,600), but if at any time during the year that ratio is not being met, the university will reduce contributions made by participants whose family gross earnings are $120,000 or more to ensure compliance with IRS rules. If you are an HCE, your deduction may not exceed $3,600 per family for a married couple filing jointly, or for a single parent. For an HCE married person filing separately the limit is $2,500. If a Dependent Care FSA fails the nondiscrimination test, highly-compensated employees will be taxed on all of the dependent care assistance benefits they received during the calendar year. Employees who are not highly compensated are not affected by this rule.

General

15. This agreement expires no later than December 31, 2018. A new agreement is required each year you wish to participate.

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
3033 South State Street
Ann Arbor, MI 48109-1276

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.
University of Michigan

2019 Flexible Spending Account Deduction Authorization Form

For All Eligible Faculty and Staff Members.

Please use this form to make your elections. 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 within 30 days after your qualified family status change. These elections remain in effect from your effective date* through December 31, 2019 unless you experience a qualified family status change. You must re-enroll in a Flexible Spending Account each year that you wish to participate.

1. Faculty or Staff Member Information.

<table>
<thead>
<tr>
<th>Name (Last, First, Middle Initial)</th>
<th>UMID</th>
<th>U.S. Social Security Number (if UMID is unknown)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City, State, Zip</td>
<td>Home Phone Number</td>
</tr>
<tr>
<td>Title</td>
<td>I am paid:</td>
<td>Email Address</td>
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<tr>
<td></td>
<td>☐ bi-weekly</td>
<td>☐ monthly</td>
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<tr>
<td></td>
<td>Daytime Phone Number</td>
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</tbody>
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- Be sure the correct annual election amount is entered under each type of account. Inaccurate estimates of expenses may cause you to forfeit money.
- Funds cannot be transferred between dependent care and health care accounts or from one spouse to another.
- For annual contribution information, see the Flexible Spending Accounts section at hr.umich.edu/flexible-spending-accounts

☐ Health Care Flexible Spending Account

Covers eligible health care expenses for you and your eligible dependents. For information on eligible expenses, go to hr.umich.edu. Only eligible expenses incurred on or after your effective date* through March 15, 2020 are reimbursable. You may contribute from $120 up to $2,650 per year to a Health Care FSA.

Total annual amount you want to contribute to a Health Care FSA $_____________ From effective date* through December 31, 2019

☐ Dependent Care Flexible Spending Account

Covers eligible dependent daycare expenses so you can work or go to school full time. For information on eligible dependent daycare expenses, go to hr.umich.edu. Only expenses incurred on or after your effective date* through March 15, 2020 are reimbursable. You may contribute from $120 up to a possible maximum of $5,000 per year to a Dependent Care FSA. Highly compensated employees are limited to $3,600 per year. For information on contribution limits, see hr.umich.edu/fsa-eligibility-enrollment

Total annual amount you want to contribute to a Dependent Care FSA $_____________ From effective date* through December 31, 2019

Is your spouse also employed by U-M? If yes, spouse's name _____________________________________________________

Spouse's SSN or UMID ____________________________________

3. Flexible Spending Account Participants Release of Liability.

I release the University of Michigan and its Flexible Spending Accounts claims processor, PayFlex, from any liability incurred if I submit ineligible expenses for reimbursement or if I fail to follow the regulations for the Flexible Spending Account. I have read the Flexible Spending Accounts plan book available from hr.umich.edu and I understand the agreement and confirmation set out on page 2 of this form concerning flexible spending accounts.

*Effective Date: Your account becomes effective the first of the month following the date the enrollment form is received by SSC Benefits Transactions, your date of hire, or the date you become newly-eligible, whichever is later. For example, if your date of hire is March 1, and your Flexible Spending Account enrollment form is received March 10, your account becomes effective April 1, and only eligible expenses incurred on or after your April 1 effective date through March 15 of the following year would be eligible for reimbursement from your current FSA. You must re-enroll each year you wish to participate.

Effective* (month) __________________ through December 31, 2019, I authorize the University of Michigan to make the above pretax deductions on a monthly or bi-weekly basis, as appropriate, to fund my Flexible Spending Account(s) for health care expenses and/or dependent care expenses.

I certify that the Health Care Flexible Spending Account debit card will only be used for eligible medical care expenses for myself and my eligible dependents.

Signature of Faculty or Staff Member __________________________ Date Signed ___________
University of Michigan

2019 Flexible Spending Account Deduction Authorization Form

Agreement and Confirmation
By my signature on the Flexible Spending Account Authorization Form, I confirm that I understand and agree to the following requirements of participation in a flexible spending account.

Annual Contribution Amounts
1. There are minimum and maximum amounts that can be contributed to the Flexible Spending Accounts each year. For a Health Care FSA, the minimum annual contribution is $120 and the maximum is $5,500. You and your spouse may each open a Health Care FSA, however, you cannot file claims for the same expenses on both accounts. For example, if your spouse claims your expenses under his or her FSA, then you can’t also claim them under your FSA.

2. Deductions will occur over 12 paychecks for faculty and staff members paid monthly, and over 24 paychecks for staff members paid bi-weekly. Deductions for mid-year enrollments will be based on the number of paychecks remaining in the calendar year after the effective date. Deductions cannot be taken from stipend or fellowship funds. No deductions will be taken during periods such as a leave when the enrollee is not receiving a salary from the university.

3. Deductions cannot be changed or canceled during the current election period unless a qualified family status change occurs (marriage, divorce, birth of baby, etc.) in which event the coverage change must be consistent with the change in status. If such a change occurs, the participant must provide documentation of the change by submitting a Health Care FSA and/or Dependent Care FSA Request for Change in Status form to SSC Benefits Transactions within 30 days of the event. Otherwise, the change cannot be made until the next Open Enrollment period.

4. Changes in deduction amounts will be effective the first day of the month following the receipt of the authorization form or date of eligibility, whichever is later. For example, assume that you enroll in a Health Care FSA to begin on January 1 and designate an annual contribution amount of $300. Then, on April 1 you increase the annual contribution amount to $1,000 due to a family status change. Between January 1 and March 31, $300 is available for incurred expenses. Any expenses incurred after April 1 are eligible for reimbursement up to $1,000, assuming no claims were previously filed.

Claims
5. Eligible expenses incurred on or after the effective date of coverage through March 15 of the following year can be claimed for reimbursement. Duplicate reimbursement is not allowed. That is, expenses cannot be reimbursed by another source (such as a health insurance plan) or taken as an income tax deduction and reimbursed under a flexible spending account.

6. Be sure to sign your claim form. PayFlex will not process a claim if the form does not include your signature.

7. A claim form for reimbursement from a Health Care Flexible Spending Account must be accompanied by an itemized receipt and/or an Explanation of Benefits (EOB) form. An EOB form is provided by the health insurance company after a claim is filed. HMOs do not provide EOB forms. Participants who are enrolled in an HMO should submit an original itemized bill to document expenses.

8. For Health Care FSA expenses not covered by insurance, reimbursement requests will not be processed without acceptable evidence of your expenses. PayFlex will not accept canceled checks in lieu of a bill or receipt. Receipts must include the type of service, date expense was incurred, patient’s name, name of the provider of service, and amount of expense. Statements showing only previous balances, or the amounts paid or balances due are not acceptable documentation.

9. You can fax your claims forms. PayFlex has established a toll-free fax number, (855) 703-5305, for the exclusive use of U-M FSA participants. Keep a copy of the fax transmission report as documentation the fax was successfully transmitted and received by PayFlex.

10. Keep a copy for your personal files for all documentation submitted to PayFlex. Bills or receipts cannot be returned.

11. Flexible Spending Account claims received by PayFlex, claims processor for the university’s FSA accounts, will generally be reimbursed within 15 business days from the date PayFlex receives your claim form. Dependent care reimbursements will not exceed the balance in the account as of the first of that month.

12. Funds cannot be transferred between the two types of accounts. Participation cannot be transferred to a spouse.

13. All eligible claims must be submitted to PayFlex by the cutoff date, May 31 of the following year. Any funds that remain in the accounts as of June 1 of the following year will be forfeited in accordance with IRS regulations. There are no exceptions to this rule. In accordance with IRS regulations, the university uses forfeited funds to pay administrative costs of the FSA program.

Special Limits for Highly Compensated Faculty and Staff
14. The IRS allows pre-tax contributions to an FSA as long as the plan does not favor highly compensated employees (HCE) as defined by the IRS. You are considered “highly compensated” if you had family gross earnings of $120,000 or more in the prior calendar year. In accordance with IRS regulations against discrimination, the Benefits Office examines FSA plans each year to ensure that they do not disproportionately benefit employees the IRS considers “highly compensated.” The Benefits Office determines the amount that can be contributed to a Dependent Care FSA by an HCE at the beginning of each year ($3,600), but if at any time during the year that ratio is not being met, the university will reduce contributions made by participants whose family gross earnings are $120,000 or more to ensure compliance with IRS rules. If you are an HCE, your deduction may not exceed $3,600 per family for a married couple filing jointly, or for a single parent. For an HCE married person filing separately the limit is $2,100. If a Dependent Care FSA fails the nondiscrimination test, highly-compensated employees will be taxed on all of the dependent care assistance benefits they received during the calendar year. Employees who are not highly compensated are not affected by this rule.

General
15. This agreement expires no later than December 31, 2019. A new agreement is required each year you wish to participate.

Questions?
If you have any questions, view hr.umich.edu/benefits-wellness, or call the SSC Contact Center at 734-815-2000 or 866-647-7657 (toll free for off-campus long-distance calls within the U.S.), Monday through Friday from 8 a.m. to 5 p.m.

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
3033 South State Street
Ann Arbor, MI 48109-1276

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.