

University of Michigan

**Group Term Life Insurance Withdrawal Form**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)	
Street Address		City	State	Zip
Date of Birth	Date of Hire (Service Date)	Email Address		Daytime Phone Number

**2. I choose to withdraw from the following Group Life Insurance plan(s).**

Check the box next to the University of Michigan Group Life Insurance plan(s) from which you wish to withdraw.

- University Group Life Insurance       Optional Group Life Insurance  
 Dependent Group Term Life Insurance Spouse or Other Qualified Adult       Dependent Group Term Life Insurance Child(ren)

**3. Certification and Signature.**

I do not wish to participate at this time in the indicated Group Life Insurance Plan(s) offered by the university. I understand if I want coverage in the future, I must furnish evidence of satisfactory insurability.

\_\_\_\_\_  
Signature of Faculty or Staff Member

\_\_\_\_\_  
Date Signed



HUMAN RESOURCES  
**BENEFITS OFFICE**  
UNIVERSITY OF MICHIGAN

**Questions?**

If you have any questions, view [hr.umich.edu/benefits-wellness](http://hr.umich.edu/benefits-wellness), or call the SSC Contact Center 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. to 5 p.m.

**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