

Dependent Group Term Life Insurance Application

Please 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. Spouse or Other Qualified Adult Life Insurance Plan

You must be enrolled in the University Life Insurance Plan in order to enroll in the Spouse or Other Qualified Adult Life Insurance Plan. Spouse or other qualified adult coverage requires completion of a health statement with enrollment for proof of insurability. If your application for Life Insurance coverage requires completion of a Statement of Health (SOH) form, you will receive an email from MetLife with instructions on how to complete the statement of health.

The faculty or staff member is automatically the designated beneficiary.

Name of Spouse or Other Qualified Adult (Last, First, Middle Initial)

U.S. Social Security Number

Coverage Amount: \$10,000 \$25,000 \$50,000 \$100,000

3. Dependent Child(ren) or Children of Other Qualified Adult Life Insurance Plan

You must be enrolled in the University Life Insurance Plan in order to enroll in the Dependent Children Life Insurance Plan. No health statement is required to enroll children in the Dependent Plan. The Faculty or Staff member is automatically the designated beneficiary. Note: It is not necessary to provide the name and Social Security number of your child(ren). All eligible, unmarried children will be covered. Dependent Plan coverage for newborns will go into effect at age 15 days or when the Dependent Plan application is received, whichever is later.

Coverage Amount: \$2,000 \$5,000

4. Authorization and Signature

I hereby authorize the University of Michigan (the employer) to deduct from my wages (salary), until further notice, amounts equal to the contributions required from me for Dependent Group Life Insurance under the policy issued to the employer by the Metropolitan Life Insurance Company (MetLife).

Signature of Faculty or Staff Member

Date Signed

Dependent Group Term Life Insurance Application

Terms and Conditions

The group term Dependent Life Insurance Plan is available for your spouse or other qualified adult (OQA) and any eligible, unmarried children.

- You must be enrolled in the University Life Insurance Plan in order to enroll in a Dependent Plan.
- You do not need to designate a beneficiary for the Dependent Plan. You are automatically the beneficiary.
- No person may be insured as a Dependent of more than one U-M employee.

Spouse or Other Qualified Adult

- You can enroll your spouse or other qualified adult in the Dependent Plan at any time.
- He or she will need to provide satisfactory evidence of insurability (health statement) to MetLife. See below.
- The faculty or staff member is automatically the designated beneficiary.

Coverage will go into effect when:

- (1) the Dependent Plan application is received by the SSC Benefits Transactions Team **and**
- (2) satisfactory evidence of insurability has been received and approved by MetLife.

Health Statement

Your spouse or other qualified adult will need to complete a health statement as evidence of insurability. When you apply for coverage for your spouse or other qualified adult, you will receive an email from MetLife with instructions on how to complete the statement of health.

Dependent Children

- You can enroll your dependent children at any time.
- To be eligible for coverage, the children must be unmarried and supported by you, that is, you must claim the children as dependents when you file your taxes.
- No health statement is required to enroll children in the Dependent Plan.
- Coverage will go into effect when the Dependent Plan application is received by SSC Benefits Transactions.
- Coverage for newborns will go into effect at age 15 days or when the Dependent Plan application is received, whichever is later.
- Coverage ends at the end of the month the child turns age 26.
- The faculty or staff member is automatically the designated beneficiary.

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.



HUMAN RESOURCES
BENEFITS OFFICE
UNIVERSITY OF MICHIGAN

Questions?

If you have any questions, view 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, 8 a.m. - 5 p.m. Eastern Time.

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