

University of Michigan

# Employer Shared Responsibility Eligibility Certification

Use this form to declare that a newly hired temporary employee is eligible for benefits under Employer Shared Responsibility (ESR). The hiring department must submit this form no later than 60 days following the date of hire or eligibility.

The Benefits Office will offer the employee health benefits under ESR effective the first of the month following receipt of this form unless the employee has not received their first paycheck, in which case benefits will be effective the first of the month following the first paycheck.

Note: Do not use this form if the employee was previously employed at the university and has had a break in service of less than 26 weeks.

Print all information in **black** ink.

## 1. Temporary Employee Information

Name (Last, First, Middle Initial)	UMID	Department Name	Department ID

## 2. Certification

By checking this box, the department above certifies that the temporary employee named above meets all of the following criteria:

- At the time of hire, employee is expected to work 30 or more hours per week consistently for the duration of the appointment
- Position expected to last more than three months
- Position is not seasonal (lasting six months or less and beginning in the same part of each calendar year)

## 3. Enrollment Information

A. Check one:  Student Temp\*  Non-Student Temp

B. Appointment start date: \_\_\_\_\_

C. Appointment end date (if known): \_\_\_\_\_

\* Work-study hours do not count toward eligibility under Employer Shared Responsibility.

## 4. Department Authorized Signature

Print your name	Email or unickname	Daytime Phone Number
Signature		Date

### Questions?

If you have any questions, visit [hr.umich.edu/benefits-wellness](http://hr.umich.edu/benefits-wellness), or call the SSC HR 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.



HUMAN RESOURCES  
**RECORDS & INFORMATION SERVICES**  
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## How to Return Your Signed and Completed Form

### By FAX

**Fax it to 734-764-5626.**

Keep a copy of the fax transmission report with your form in your records.

### By Mail

Make a copy for your records and send the original by

**Campus Mail or U.S. Mail to:**

Human Resources Records & Information Services  
 4073 Wolverine Tower  
 3003 South State Street  
 Ann Arbor, MI 48109-1281