

Form 1095 Electronic Consent

For BTT Use Only

Event Date _____

Input Elections _____

Complete and return this form to consent to receive an electronic Form 1095 for the 2024 tax year or to withdraw consent.

Time Sensitive: Your signed and completed form must be received by the SSC no later than **noon on Thursday, January 2, 2025**. 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)	Daytime Phone Number

2. Consent for Electronic Form 1095 or Withdraw Consent

Check one box.

By checking this box, **I give my consent** that I will use Benefits Self-Service on Wolverine Access to receive my Form 1095 electronically.

By checking this box, **I withdraw my consent** to receive my Form 1095 electronically. I understand it will be effective for only Form 1095 forms not yet issued.

3. Signature

The signature of the employee or the responsible individual is required.

Faculty or Staff Member's Signature Date Signed



HUMAN RESOURCES
BENEFITS OFFICE
UNIVERSITY OF MICHIGAN

Questions?

If you have any questions, visit 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. 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

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