

Request to Waive Health Insurance

For Retirees Eligible to Receive University Contribution. Please print all information in black ink.

For BTT Use Only

Event Date _____

Input Elections _____

1. Retiree Information

Name (Last, First, Middle Initial)		UMID (Social Security Number if unknown)		<input type="checkbox"/> Single	
Street Address		City	State	Zip Code	<input type="checkbox"/> Married
Daytime Telephone Number	Email Address	Date of Birth	Date of Retirement	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed

2. Insurance Cancellation Request

If during retirement the retiree and/or dependents are covered by another Medicare Advantage plan and at some later date, that coverage is involuntarily canceled and is no longer available, the retiree and/or dependents, if any, may transfer to corresponding university coverage. Re-enrollment must be requested by calling the SSC Contact Center within 30 days of the cancellation date of the other coverage. Coverage will go into effect the day following the termination of the other coverage.

Waive Medical and Prescription Drug coverage for the individuals below

NOTE: If you are eligible for Medicare Part B reimbursement, that will be waived as well.

NOTE: To be eligible to return to U-M benefits at a future date, you will need to provide comparable coverage for the entire time you were waived.

Name (Last, First, Middle Initial)	Relationship Code*

* Relationship Codes: SL = Self; SP = Spouse; C = Child; SA = Other Qualified Adult (OQA); CO = Child of OQA; SC = Stepchild; GC = Grandchild; R = Other Relative (niece or nephew); SB = Sibling Coverage for these relationships is only allowed when certain criteria are met. Proof of eligibility may be required. See hr.umich.edu/benefits-eligibility for details.

3. Certification and Signature

I have read and agree to the terms and conditions listed above and on the second page of this form. The information I have provided is correct and to the best of my knowledge.

Signature of Retiree

Date Signed

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By signing this form, you agree to abide the following:

Important Facts to Consider Before Waiving Coverage

- You will not be considered to have involuntarily lost your other medical coverage if you remain eligible for the coverage at your own cost (other than COBRA). For example, if the other employer/health plan increases your or your spouse's required contribution for coverage, or requires you or your spouse to pay the full cost of coverage to remain eligible for coverage, you will not be allowed to enroll in the university's health plan due to another plan's decision to increase your costs for participation.
- You will not be allowed to enroll in a U-M benefit plan due to another employer's/health plan's decision to change insurance companies; increase deductibles or co-pays; or change, reduce or eliminate benefit provisions under their plan in any way.
- If you waive your U-M medical coverage due to enrollment in another health plan, you must have continuous comparable medical coverage that is at least as comprehensive as the university-sponsored BCBSM Comprehensive Major Medical (CMM) plan. The health plan must offer the same scope of benefits and equivalent cost sharing for medical and prescription drug benefits as CMM, but benefits do not have to be exactly the same. For more information: hr.umich.edu/waiving-coverage-retirement
- When you waive your U-M medical coverage, your Medicare Part B reimbursement will also be discontinued along with your prescription drug coverage, if applicable.

Who Cannot Be Covered

After retirement, you cannot cover under your University of Michigan benefits plans:

1. Anyone not already enrolled on your benefits plans prior to your retirement, unless such individual is eligible for enrollment but is covered under another group health plan at the time of your retirement;
2. Anyone who is not listed as a dependent on page one of this form;
3. Anyone who works for the university and has his or her own coverage;

4. Any dependents who are already covered by a spouse or other qualified adult who works for the university;
5. Any dependent child who works for the university and is eligible for his or her own coverage; or
6. Anyone who is not your legal spouse or eligible dependent.

Claiming such coverage is misconduct, and you will be required to reimburse the university for any additional costs incurred as a result of that misconduct.

HIPAA (Health Insurance Portability and Accountability Act of 1996) Notification of Medical Plan Re-enrollment

You may waive (opt out of) enrollment in a retiree U-M benefit plan for yourself and/or your eligible spouse or dependent because you have other medical coverage. If you waive medical coverage and you subsequently lose that coverage involuntarily, you may be eligible to enroll yourself and/or your eligible spouse or dependent in a U-M plan provided all of the following conditions are met:

1. You and/or your spouse or dependents were eligible for health insurance at the time of your retirement from the university;
2. Coverage has been continuously maintained in another medical plan; that is, there has been no lapse in coverage between the time you waived university coverage and later apply for coverage; and,
3. You must request enrollment within 30 days after the other medical coverage is involuntarily lost and provide satisfactory evidence as requested by the Benefits Office that all requirements for re-enrollment have been satisfied.

How University of Michigan Retiree Coverage Interacts with Medicare

As soon as you or your covered dependent become eligible for Medicare, you or your covered dependent must be enrolled in Medicare Parts A and B to be entitled to all of the benefits provided under your U-M medical plan. You are required to provide Medicare Information for yourself and/or your covered dependents in order to maintain your U-M coverage.



HUMAN RESOURCES
BENEFITS OFFICE
UNIVERSITY OF MICHIGAN

Questions?

Visit the Shared Services Center - HR Customer Care website for more information: ssc.umich.edu/human-resources.

How to Return Your Signed and Completed Form

Confirmation

A confirmation email will be sent to your UMICH email address once the form is processed.

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