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University of Michigan

Group Term Life Insurance Application

Use this form to enroll in University Life Insurance and/or to enroll in Optional Life Insurance or to change your amount of coverage. Please print all information in **black** ink. A health statement may be required. Review the information and instructions on the second page of this form.

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 Hire (Service Date)	Email Address		Daytime Phone Number	

2. University Group Term Life Insurance

This plan provides \$30,000 of life insurance coverage for you only, fully paid by the university. You must be enrolled in the University Plan to enroll in the Optional Plan. If you enroll after your 30-day enrollment period (or as specified by your collective bargaining agreement), you must complete the Health Statement and you will receive an email from MetLife with instructions.

Enroll in University Group Term Life

3. Optional Group Term Life Insurance

Check one coverage level:

- | | |
|--|--|
| <input type="checkbox"/> 1 x annual salary | <input type="checkbox"/> 6 x annual salary |
| <input type="checkbox"/> 2 x annual salary | <input type="checkbox"/> 7 x annual salary |
| <input type="checkbox"/> 3 x annual salary | <input type="checkbox"/> 8 x annual salary |
| <input type="checkbox"/> 4 x annual salary | <input type="checkbox"/> \$5,000 |
| <input type="checkbox"/> 5 x annual salary | <input type="checkbox"/> \$50,000 |

Check one:

- | | |
|--|---|
| <input type="checkbox"/> Standard Rate | <input type="checkbox"/> Nonsmoker Discount Rate (I have not smoked within the last 12 months.) |
|--|---|

The maximum life insurance benefit is \$1.5 million. You may be required to complete a Health Statement if you are a current participant who is increasing coverage to a level not exceeding \$650,000. Coverage in excess of \$650,000 always requires a Health Statement satisfactory to the insurance company, MetLife. When a health statement is required, you will receive an email from MetLife with instructions.

4. Your Group Term Life Insurance Beneficiary Designation

Designate your Group Term Life Insurance beneficiaries using MetLife's MyBenefits website at: metlife.com/mybenefits
The first time you visit the MyBenefits website you will need to register to create your user name and password. For problems or questions with registration please call 877-963-8932 (877-9METWEB) for MetLife Web Technical Support.

After you have registered on the MetLife/MyBenefits website, follow these steps to update your beneficiary information:

1. Go to metlife.com/mybenefits
2. Log in using the user name and password you created during registration
3. Click Life Insurance – Group Term Life under the Products & Services tab
4. Click Add/Update Beneficiaries Follow the steps to designate a beneficiary for your life insurance

Be sure to keep your beneficiary information up to date. Log in to metlife.com/mybenefits whenever you need to change your beneficiary information.

5. 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 of me for Group Term Life Insurance under the policy issued to the employer by Metropolitan Life Insurance Company (MetLife).

Signature of Faculty or Staff Member

Date Signed

Group Term Life Insurance Application

Terms and Conditions

You must be enrolled in the University Plan to enroll in the Optional Plan. If you are a new hire or are newly eligible and enroll in the Optional Plan within 30 days (or as specified by your bargaining agreement), you will not be required to provide a health statement as evidence of insurability as long as your Optional Plan coverage is less than \$650,000. You can enroll in the Optional Plan at any time, but after 30 days you will be required to provide evidence of insurability that is satisfactory to the Metropolitan Life Insurance Company (MetLife). MetLife may also require a physical examination. See the Health Statement section below.

Health Statement

If a health statement is required for the insurance coverage you select, MetLife will send you an email with instructions on how to complete the Statement of Health (SOH).

- If you enroll in University Life within 30 days (or as specified by your collective bargaining agreement) as a new hire or newly eligible employee, you do not need to submit a health statement.
- If you enroll in University Life after the 30-day enrollment period as a new hire or newly eligible employee, you must complete the health statement.
- If you enroll in the Optional Plan within 30 days as a new hire or newly eligible employee, you do not need to submit a health statement if you elect coverage less than \$650,000.
- If you enroll in Optional Plan coverage after 30 days for less than \$650,000, or increase your current coverage to less than \$650,000, you will need to complete and submit a health statement.
- If you elect coverage above \$650,000 or increase your coverage to \$650,000 or more, you will need to complete a health statement.

Your Cost

The university pays the full cost of your University Group Term Life Insurance. Your cost for the Optional Plan depends on the coverage you select, your age, your smoking status, and your salary. If you are a nonsmoker, you qualify for a premium discount on the Standard Optional Plan rates. A nonsmoker is defined as a person who has not smoked for 12 months. If you do not indicate your nonsmoker status on the application, you will be defaulted to the Standard Rate. See hr.umich.edu/life-insurance for more information on life insurance plans and rates.

Effective Date

If you are newly eligible, your insurance will become effective on your service date or the first day you are newly eligible if you enroll within 30 days. If you are not actively at work on the day your insurance would otherwise become effective, you will become insured on the day you return to active work. If proof of insurability is required, your insurance will become effective on the day the health statement is approved by MetLife, the Benefits Office has been notified, and you are actively at work.

Your Beneficiary

Designate your Group Term Life Insurance beneficiaries using MetLife's MyBenefits website at: metlife.com/mybenefits

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HUMAN RESOURCES
BENEFITS OFFICE
UNIVERSITY OF MICHIGAN

After you have registered on the MetLife/MyBenefits website, follow these steps to update your beneficiary information:

1. Log in using the user name and password you created during registration
2. Click Life Insurance – Group Term Life under the Products & Services tab
3. Click Add/Update Beneficiaries Follow the steps to designate a beneficiary for your life insurance

Be sure to keep your beneficiary information up to date. Log in to metlife.com/mybenefits whenever you need to change your beneficiary information.

- You may choose any beneficiary you wish, such as a family member, a friend, a trust fund, or an organization.
- You can name a single beneficiary or you can name two or more joint beneficiaries to receive the insurance payment.
- You may change your beneficiary at any time by logging into MetLife's My-Beneficiary website.
- Consider discussing your beneficiary with your attorney when completing this form. The Benefits Office cannot provide legal advice.
- Keep a copy of this form for your records.

Payment of Group Life Insurance Benefits

- If your insurance is in force when death occurs, the full amount of your insurance will be paid to your beneficiaries when MetLife receives written proof of your death. A certified copy of the death certificate is required.
- Your life insurance will be paid in a lump sum, however, other methods of payment may be arranged with MetLife.
- If you name more than one beneficiary, payment will be made in equal shares to the named beneficiaries who survive you (or in full to the survivor if only one beneficiary survives you), unless you enter a specific percentage for each person.
- If you do not designate a beneficiary, or if none of the beneficiaries you name survives you, death benefits will be paid to the first of the following:
 - Your surviving spouse;
 - Surviving children in equal shares;
 - Surviving parents in equal shares;
 - Surviving siblings in equal shares;
 - Estate

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.

Questions?

If you have 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 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

Receipt Confirmation

A confirmation email will be sent to your UMich email address within 72 hours of receipt of your form.