

University of Michigan

Group Term Life Insurance Withdrawal FormPrint 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 Hire (Service Date)	Email Address		Daytime Phone Number	

2. I choose to withdraw from the following Group Life Insurance plan(s).

Check the box next to the University of Michigan Group Life Insurance plan(s) from which you wish to withdraw.

- University Group Life Insurance Optional Group Life Insurance
 Dependent Group Term Life Insurance Spouse or Other Qualified Adult Dependent Group Term Life Insurance Child(ren)

3. Certification and Signature.

I do not wish to participate at this time in the indicated Group Life Insurance Plan(s) offered by the university. I understand if I want coverage in the future, I must furnish evidence of satisfactory insurability.

Signature of Faculty or Staff Member

Date Signed



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 from 8 a.m. to 5 p.m.

Receipt Confirmation

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

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