Medical School Students Wolverine Access Self-Service

Click on the 'Benefits' tile

Time Reporting	Careers	Benefits	Ethics, Integrity & Compliance
		÷ #	20
		Action Required	
Campus Personal Information	Employment Information	Payroll and Compensation	Self Service Help
		0	2

Click on the 'U-M New Benefits Eligibility' tile

UM New Benefits Eligibility	Benefits Summary	Benefits Statement	Benefits Enrollment
	1		
0		2024 Confirmation	Start Enrollment
Calculate Ret. Contribution	Dependent/Beneficiary	Display Benefit Plan Rates	Form 1095 Consent
a	2	R	IACA.
Form 1095 View	Initiate Life Event Elections	Initiate Ret Savings Elections	Health Care Plan Verificat
			M

Review the **Welcome** features.

Click the **Next** button in the upper, right-hand corner of the screen to proceed.

Read the **Acknowledgement** and select the "**I Agree**" checkbox. Select the "**Save**" button in the upper right-hand corner of the page to complete this section.

Click the "Next" button in the upper right-hand corner to move to the next step in the election process.

UM New Benefits Eligibil	ity
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* Acknowledgement © Comrete	Open Elvelment socially in October will electore affective the final of the following year; if approache in an end provid of adjulption under the All Angelicable filly on openees a social family will a Angele
Benefits Enrollment Viated	For some employeex. Life Insurance. Long-Term Disability and Relinvenent Sarrings Plans allow may year changes. Relin to the University Human Resources website for more information on what contributes a qualified change and specific moti year change options. Eligibility for Coverage Real the Discovering Eligibility Human Loss all dependents are eligible to coverage for those committy enrolled or flows you with to add to your coverage (the valid cover a new window).
Benefits Statements O Not Started	Under to circumstances can a person be covered as both a dependent and as employee. The county's part and has coverage for pouncel as in employee and is a dependent on the coverage of a spoke, and OLA or a parent who has coverage under a UM benefit plan. Under to circumstances can a dependent to cover of more than an out of parts than the same band as coverage for a spoke, and OLA or a parent who has coverage under a UM benefit plan. Under to circumstances can a dependent to cover that many band to coverage. Under to circumstances can a dependent to coverage for a pounder to cover that the coverage of a spoke. Under to circumstances can a dependent to a specific plan. Under to circumstances can a dependent to coverage for a pounder to coverage of a specific plan.
	HIPAA Special Direliment Notes Read the HIPAA Special Direliment Nation If you are declaring medical plan envolvement for yourself or you dependently (including your sponse COA) because of other medical coverage (this will special environment).
	Limbition The winner) in task duption may modify ament, or tennishe the benefits provided with request to any individual reaching base and to be prefits. Including active employees, referes, survivous and dependents. Although the unremaly has elected to provide these benefits, no individual has a vedeel right to any of the benefits provided. Interruption are individual the right to confinue benefits beyond the time the university individual the university individual the university individual the university individual the northe benefits provided with request to any of the benefits provided with the desender to low accepted the time of the benefits programs and the university individual the northe benefits.
	Authorite Decloses The submission (you benefit doces advances for University of Mohigue to lake eductors from your payched to cover the cost of the employee-paid portion of your benefits, and also to send the recessary personal information to your selected provides. You coeffy the information requiring eligibility of dependents, is used and accurate, and understand that provideg table information is a sensor offense.
	You are reportable for making usery your UVA pay-theak is sufficient to cover the deductions for the benefits and coverage level you elect. Belan a particular version of the benefits Activate/ageneric to your exceeds that use of pays a new ventorial Search be 1-based on the cover the deduction on the pays and the summary of the based to pays and the pa
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Click on the 'Medical' card

UM New Benefits Eligibili	ity			
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Benefits Enrollment • Visted	If you do not enter an election within the 30-bity elevative, you will be adhaulded to the Team Coverage Induction in adult card below, and changes cannot be made with the next Open Environment period (usual) in October with elections effective the fact of the following year). Most teredit elections are effective on the date you are eligible to tereditive. They are benefits as you approxible to exclude the date for interactive educations. Costs the matter Bedies benefits with the eligible to tereditive tarts with the complete with you determine the complete with you d			Email sharedeantces@umich.adu Address
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Waiving Medical Coverage

By selecting the Waive option, you acknowledge that you are also waiving prescription drug coverage.

Click on the Select button next to the Plan Name "Waive".

Caroo Medical	Done
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Waive election selected

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Review al individuals you have identified as eligible for coverage as your dependent. Your dependent is enrolled under this gian usry if the checkbox is humed on. To enroll any of the following individuals under this gian, turn of the checkbox rest to the dependent is anno. To memory a dependent from is gian, turn of the checkbox rest to the dependent name. To enroll any of the following individuals under this gian. Usry of the checkbox rest to the dependent name. To enroll any of the following individuals under this gian. Usry of the checkbox rest to the dependent name. To enroll any of the following individuals under this gian. Usry of the checkbox rest to the dependent name. To enroll any of the following individuals under this gian. Use the checkbox rest the rest of the following	Addres 3003 South State Street Ann Arbor, Mi 48199-1278 Resources OradCare
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Plan Name Before Tax Cost. After Tax Cost. Pay Partical Cost Imma OracCuse 5322.87 5322.87 v Wine 50.00 50.00 Overview of AAP Paras 50.00 50.00	

Click the "Done" button in the upper right-hand corner to move to the next step in the election process.

Finally, click the **Finalize Elections** button to finalize your benefit election. Your enrollment will not be complete until you finalize your choice.

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Click the **Submit and View Stmt** button to finish your election.

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This statement records your submission of your benefit selection. Click the **Print View** button to create a printable submitted election statement. Click the "**X**" in the upper right-hand corner to exit out of this page.

View Submitted Enrollment			×
Statement Type Submitted Enrolment	Description New Hee / Student		Print View
Enrollment Effective Date 06/01/2024	Statement Issue Date 96/24/2024 1:25PM		
This statement records your submission of your benefit selections and pay period costs, and dependent information. Click the Print View	button to create a printable submitted election statement. Click the 'x' in the upper right-hand corner to exit out of this page		
Statement Sections			
Expand All			
> Your Information			
> Cost Summary			
> Election Semmary			
> Dependents			