

University of Michigan

Graduate Student Medical Plan Change Form**For HRRIS BTT Use Only**

Event Date _____

Input Elections _____

Print all information in **black** ink. All forms must be received by the HRRIS Benefits Transaction Team **within 30 days** after your first day of eligibility at the University. These elections remain in effect through December 31, 2008 unless you experience a qualified family status change.

1. U-M Benefit-Eligible Fellowship or Medical School Student Information

Name (Last, First, Middle Initial)	Daytime Phone Number	UMID	U.S. Social Security Number (If UMID is unknown)
------------------------------------	----------------------	------	---

2. Medical Insurance Plan

Please change my current medical insurance plan to:

- Blue Cross Blue Shield of Michigan Community Blue PPO
 Comprehensive Major Medical
 Health Alliance Plan HMO
 Priority Health HMO
 U-M Premier Care

U-M Benefit-Eligible Fellowship or Medical School Student Signature

Date Signed



Benefits Office

HUMAN RESOURCES

Questions?

If you have any questions, view the Benefits Office Web site at www.umich.edu/~benefits, or call the HR/Payroll Service Center at 734-615-2000 or 866-647-7657 (toll free for off-campus long-distance calls within the U.S.).

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:**
 HRRIS Benefits Transaction Team
 4073 Wolverine Tower
 3003 South State Street
 Ann Arbor, MI 48109-1281

Drop It Off In Person

Bring a photocopy of your completed form and ask the receptionist to stamp your form "received" for your records.

U-M Ann Arbor
 HR Service Center
 Wolverine Tower – Low Rise G250
 3003 South State Street
 Ann Arbor, MI 48109-1278

U-M Flint
 Office of Human Resources
 219 University Center Building
 303 East Kearsley
 Flint, MI 48502-1950