



Retiring -- Age 65 and Over:

If you wish to continue your medical insurance during retirement, please complete this form and return it to Total Compensation & Wellness at least three weeks before your date of retirement. Please also attach a copy of your Medicare card showing Hospital and Medical Insurance. We must have a copy of your Medicare card to continue your coverage. Thank you.

_____ I wish to continue my medical insurance.

I understand the University will invoice me on a monthly basis.

I understand and agree that payment is due upon receipt of the invoice.

I understand and agree that if I wish to cancel coverage, I must provide written notice to Total Compensation & Wellness, 5700 Cass Avenue, Suite 3638, Detroit, MI 48202, and coverage will cancel at the end of the month in which my notice is received.

I understand and agree that if I fail to pay the invoice(s) issued to me on a timely basis, the University will cancel my coverage and proceed with any legal methods available to collect money due the University.

I agree to notify Total Compensation & Wellness (313-577-6351) of any change of address.

Date

Name – Please print

Banner ID Number

Signature