

This Job Aid supports the information learned in [EMP112: Benefits Information](#)

Use the Benefits Request eForm only when you are unable to make updates through UCPath self-service enrollment. Typical situations include:

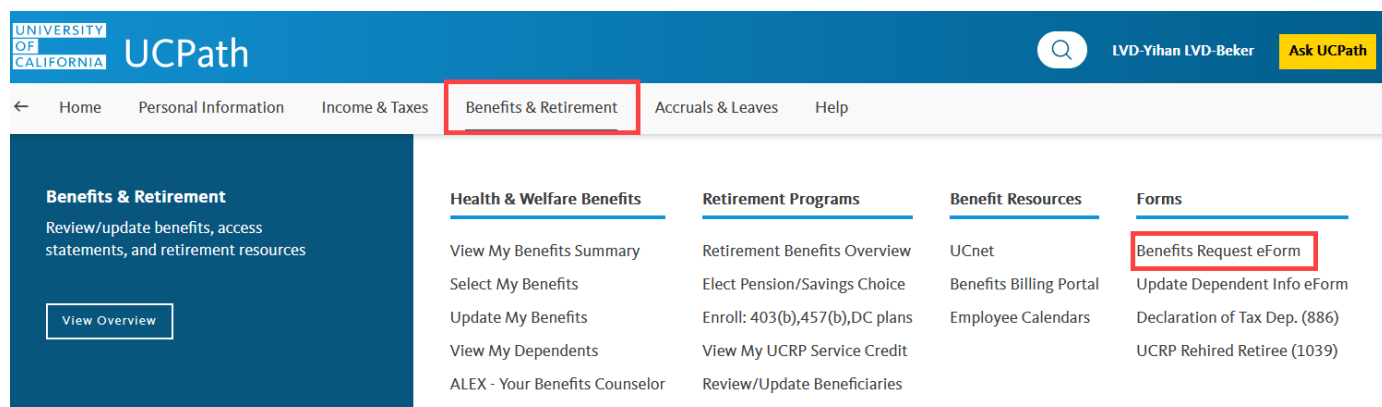
- No self-service option is available.
- You're newly eligible for benefits but don't see enrollment options on your Benefits homepage.
- You've missed the 31-day deadline to make changes after a qualifying life event.

You can also use this eForm to:

- Cancel a supplemental health plan.
- Make changes to Accidental Death and Dismemberment (AD&D), Health Savings Account (HSA), life insurance, or voluntary disability coverage.

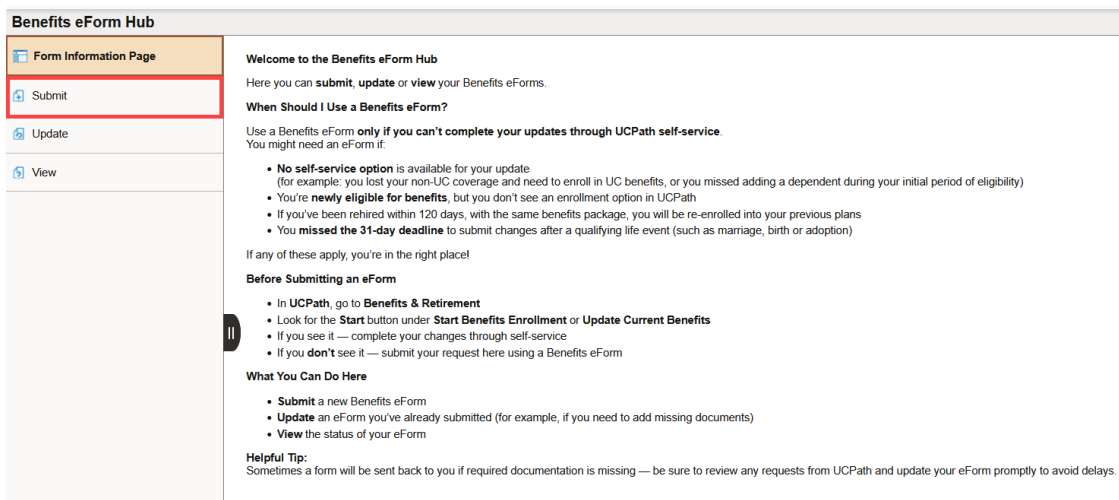
Navigation:

Menu > Benefits & Retirement > Forms > **Benefits Request eForm**



Completing the eForm

- UCPath displays the **Form Information Page**. Take a moment to review the information on this page and then select **Submit** to start your eForm.



- The **Add Enrollment Changes: Benefits Information** page will appear. Review the list below for additional details about the fields on this page.

Benefits eForm Hub

Form ID 353617 (NEW)

Reason for Request

2 *Event Date 05/01/2025

3 *Employee Benefit Category Faculty/Staff Benefits

4 *Reason For Request Newly Eligible

5 *New Eligibility Reason New Hire

Based on your selections above you may be able to complete your enrollment using UCPath self-service, by: Navigating to the UCPath portal, clicking on Employee Actions, clicking on Health & Welfare, and selecting the applicable event.

If you wish to continue using form to enroll, please provide details.

6 Please Explain Why You Are Using This Form

Employee Contact Information

Please provide your preferred contact information.

8 Telephone 951/555-5555 7

Employee Contact Email UCPATH.Tester@university

Next Save For Later

1. **Form ID:** A unique identifier automatically generated for this eForm. This number is used to track and reference your submission.
2. **Event Date:** Use the calendar icon to enter your event date. The event date for newly eligible employees is the date they became eligible for benefits, which may not be the same as the hire date. For life events, the date is the date the life event occurred.
3. **Employee Benefit Category:** Use the drop-down menu to select the employee benefit category that applies to your role, such as **Faculty/Staff Benefits**, **Postdoc Benefits**, or another available option.
4. **Reason for Request:** Use the drop-down menu to select the reason for the request.
5. **New Eligibility Reason:** Use the drop-down menu to select the eligibility reason.
6. **Explanation:** Enter details of why you are using this form.
7. **Telephone:** Enter your preferred contact number.
8. **Next:** Select this button to move to the next section of the eForm. Review your information before proceeding.
9. **Save For Later:** Select this button to save your progress. You can return to complete or submit the eForm later without losing any entered information.

Dependents

List each of your dependents and enter their personal details.

- If you need to add a dependent, select the **Add Row** button, then enter your dependent's personal details.
- Select the **Next** button.

Benefits eForm Hub

Please list each dependent and enter his or her personal details. You must complete the following section for all dependents. You may only enroll family members into plans in which you are enrolled.

The Affordable Care Act (ACA) requires employers to obtain Social Security numbers for employees, spouses, domestic partners and dependents.

Valid Relationship Codes:

- Spouse
- Registered Domestic Partner / Not Registered Domestic Partner
- Child (biological or adopted)
- Stepchild
- Grandchild
- Legal Ward
- Domestic Partner's child or grandchild (if your domestic partnership is registered and you are the child's stepparent under state law, enter Stepchild. Otherwise, enter Domestic Partner's child or grandchild)
- Overage Disabled Child (must be a tax dependent of employee or spouse / domestic partner unless SSI exceptions apply)

Dependent eligibility requirements may be found in the "Eligible Family Members" section of the [Complete Guide to Your UC Health Benefits](#).

If you need to add a dependent, please scroll over to the right and click **Add Row**.

	*First Name ^{†1}	*Last Name ^{†1}	Middle Name ^{†1}	Birth Date ^{†1}	*Gender ^{†1}	Relationship Code ^{†1}	Employee Tax Dependent? ^{†1}	Spouse/Dom Partner Tax Dependent? ^{†1}	Social Security Number ^{†1}	
1	Axel	Cai	J	01/01/1983	Female					+
2	John	Sullivan	II	01/01/2018	Male					+
3	Joaquin	Jusko	I	01/01/2023	Female					+
4	Ginger	Lee		09/01/2020	Female	Child (Biological or Adop)	Yes	No	XXXX-XXXX-XXXX	+ -

[Previous](#) [Next](#) [Save For Later](#)

Medical Plan

After you have entered your dependents, UCPath displays your options for medical plan enrollment.

- From the **Medical Plan** list of values, select either **Enroll in Medical** or **Waive Medical**.

Benefits eForm Hub

[+](#) Add Enrollment Changes : Medical Plan

Form ID 353615 (NEW)

Highlights Enabled: ☒ Current Values [←](#) [→](#)

Medical Plan

Here are your available options for Medical plan enrollment.

Not sure which plan is best for you? Review the [Quick Reference Guide to UC's Medical Plans](#) for general information.

*Medical Plan

- Select the check box next to your PPO Plan or HMO Plan.
- **Note:** If you select **TIP Opt Out**, your premium deductions will occur on an after-tax basis. If you select **Yes** to opt out, you are required to enter your initials.

PPO Plans:

- **UC Care** (administered by Anthem Blue Cross), a PPO plan created just for UC with access to UC doctors and medical centers as well as the entire Anthem PPO network.
- **CORE** (administered by Anthem Blue Cross), a high-deductible PPO plan offered at no cost to eligible faculty and staff.
- **UC Health Savings Plan** (administered by Anthem Blue Cross), a PPO with a Health Savings Account (HSA) that allows you to contribute tax-free.

UC Care ☒

Core ☐

UC Health Savings Plan ☐

HMO Plans: HMO plans require you to live or work within the plan's service area.

- **Kaiser**, an HMO with a closed network of doctors and hospitals.
- **UC Blue & Gold** (administered by Health Net), an HMO with a network designed just for UC.

Kaiser Permanente ☐

Health Net Blue & Gold HMO ☐

Tax Savings on Insurance Premiums (TIP)

Your medical premium deductions will automatically occur on a pre-tax, salary reduction basis. If you wish to decline and have post-tax deductions instead, click "Yes" in the field below to Decline / Opt Out of TIP. If you click Yes to opt out of TIP, you will be required to enter your initials. To learn more, you may go to the TIP [summary plan description](#).

TIP Opt Out ☐

- If you select the **UC Blue & Gold HMO** plan, complete the **Employee PPG/PCP #** section.
- Select the **UC Blue & Gold** link on the page to search for your primary care provider's **PPG/PCP #**.

Benefits eForm Hub

HMO Plans: HMO plans require you to live or work within the plan's service area.

- **Kaiser**, an HMO with a closed network of doctors and hospitals
- **UC Blue & Gold** (administered by Health Net), an HMO with a network designed just for UC

Kaiser Permanente ☐

Health Net Blue & Gold HMO ☒

Employee PPG/PCP #

Dependent Plans

Previously enrolled dependents appear in this section along with newly added dependents.

- Select the drop-down to choose **Enroll** or **Waive** for your dependents.
- Select the **Next** button.

Note: Dependents who were previously enrolled in UC Benefits and did not complete the **Family Member Eligibility (FMEV)** process are grayed out and are not available for selection.

Benefits eForm Hub**Dependents Plans**

Dependents who were previously enrolled in UC Benefits and did not complete Family Member Eligibility Verification (FMEV) will be grayed out and unable to be selected. To enroll your unverified dependent(s) into UC BENEFITS, you will need to complete the FMEV process. Instructions on how to complete the FMEV process for your dependent(s) are posted on [UCnet](#).

Dependent Name ¹	*Medical ¹
1 Cai, Axel J	Enroll ▼
2 Sullivan, John II	Enroll ▼
3 Jusko, Joaquin I	Enroll ▼
4 Lee, Ginger	Enroll ▼

[Previous](#) [Next](#) [Save For Later](#)

Flexible Spending Accounts (FSA)

The Health FSA allows you to pay for eligible medical expenses for you and your eligible family members. Dependent Care FSA allows you to pay for eligible expenses for the care of your child or eligible adult dependent.

- **Health FSA Plan:** Select the drop-down to **Enroll** in or **Waive** Health FSA.
- Enter your **Annual Health Contribution Amount**.
- **Dependent Care FSA Plan:** Select the drop-down to **Enroll** in or **Waive** Dependent Care FSA.
- Enter your **Annual Dep Care Contribution Amount**.
- Select the **Next** button.

Benefits eForm Hub

The Health FSA allows you to pay for eligible medical expenses for you and your eligible family members.

For further information regarding the Health Flexible Spending account, minimum and maximum contribution limits, and/or eligible expenses, visit the [Flexible Spending Accounts](#) page.

The effective date for enrollment is the first of the month following your enrollment, subject to payroll deadlines.

*Health FSA Plan Enroll in Health FSA

*Annual Health Contribution Amount \$1,150.00

The DepCare FSA allows you to pay for eligible expenses for the care of your child (up to age 13) or eligible adult dependent (for example, day care or after school care. Medical costs are managed through the Health FSA, not the DepCare FSA).

For further information regarding the Dependent Care Flexible Spending account, minimum and maximum contribution limits, and/or eligible expenses, visit the [Flexible Spending Accounts](#) page.

The effective date for enrollment is the first of the month following your enrollment, subject to payroll deadlines.

*Dependent Care FSA Plan Enroll Dependent Care F

*Annual Dep Care Contribution Amount \$1,250.00

The minimum annual contribution is \$180.00 and the maximum is set according to IRS Guidelines. If you enroll mid-year, your annual contribution will be divided among the number of pay periods left in the year.

For more information, please visit the [Flexible Spending Accounts](#) page.

Dental Plan

UC provides two dental plan options, the Delta Dental PPO plan and the Delta Care USA HMO.

- From the Dental Plan list of values, select either **Delta Dental PPO**, **Delta Care USA DHMO** or **Waive Dental Plan**.
- If you select **DeltaCare USA DHMO**, complete the **Employee PCD** section. Select the **Dental plans** page link to search for your primary care provider's **PCD**.
- In the **Dependent Plans** section, select the drop-down to **Enroll** in or **Waive** for your dependents.
- Select the **Next** button.

Benefits eForm Hub

Dental Plan

UC provides two dental plan options, the Delta Dental PPO plan and the DeltaCare USA HMO. Prior to completing enrollment, verify that your preferred dentist is in the network of the plan you choose. For more information, please visit the [Dental plans](#) page.

*Dental Plan DeltaCare USA DHMO

Employee PCD

Dependents Plans

Dependents who were previously enrolled in UC Benefits and did not complete Family Member Eligibility Verification (FMEV) will be grayed out and unable to be selected. To enroll your unverified dependent(s) into UC BENEFITS, you will need to complete the FMEV process. Instructions on how to complete the FMEV process for your dependent(s) are posted on [UCnet](#).

Dependent Name T1	*Dental T1
1. Cai, Axel J	Enroll v
2. Sullivan, John II	Enroll v
3. Jusko, Joaquin I	Enroll v
4. Lee, Ginger	Enroll v

Vision Plan

The Vision Service Plan provides coverage for you and your eligible family members.

- From the **Vision Plan** list of values, select either **Enroll Vision Service Plan – VSP** or **Waive Vision Plan**.
- In the **Dependents Plans** section, select the drop-down to **Enroll** in or **Waive** for your dependents.
- Select the **Next** button.

Benefits eForm Hub

Vision Plan

The Vision Service Plan provides coverage for you and your eligible family members for vision examinations, corrective lenses or contact lenses, frames and other materials, through a nationwide network of providers. For more information, please visit the [Vision plans](#) page.

*Vision Plan **Enroll Vision Service Pla** ▼

Dependents Plans

Dependents who were previously enrolled in UC Benefits and did not complete Family Member Eligibility Verification (FMEV) will be grayed out and unable to be selected. To enroll your unverified dependent(s) into UC BENEFITS, you will need to complete the FMEV process. Instructions on how to complete the FMEV process for your dependent(s) are posted on [UCnet](#).

Dependent Name ¹	*Vision ¹
1 Cal, Axel J	Enroll ▼
2 Sullivan, John II	Enroll ▼
3 Jusko, Joaquin I	Enroll ▼
4 Lee, Ginger	Enroll ▼

Previous **Next** Save For Later

Legal Plan

The legal plan, provided by ARAG, gives you access to personal legal assistance.

- From the **Legal Plan** list of values, select either **Enroll in Legal Plan** or **Waive Legal Plan**.
- In the **Dependents Plans** section, select the drop-down to **Enroll** in or **Waive** for your dependents.
- Select the **Next** button.

Benefits eForm Hub

Legal Plan

The legal plan, provided by ARAG, gives you access to personal legal assistance. The plan provides online, over the phone or in person access to attorneys for a wide range of legal services. For more information, please visit the [Legal Insurance](#) page.

*Legal Plan **Enroll in Legal Plan** ▼

Dependents Plans

Dependents who were previously enrolled in UC Benefits and did not complete Family Member Eligibility Verification (FMEV) will be grayed out and unable to be selected. To enroll your unverified dependent(s) into UC BENEFITS, you will need to complete the FMEV process. Instructions on how to complete the FMEV process for your dependent(s) are posted on [UCnet](#).

Dependent Name ¹	*Legal ¹
1 Cal, Axel J	Enroll ▼
2 Sullivan, John II	Enroll ▼
3 Jusko, Joaquin I	Enroll ▼
4 Lee, Ginger	Enroll ▼

Previous **Next** Save For Later

Accidental Death & Dismemberment (AD&D)

UC offers the Accidental Death and Dismemberment (AD&D) plan to help protect you and your family from the unforeseen financial hardship of a serious accident that causes death or dismemberment.

- From the **AD&D Enroll** list of values, select either **Enroll in AD&D** or **Waive AD&D**.
- If you elect to enroll in AD&D, from the **AD&D Amount** list of values, select your coverage amount.
- In the **Dependents Plans** section, select the drop-down to **Enroll** in or **Waive** for your dependents.
- Select the **Next** button.

The screenshot shows the 'Benefits eForm Hub' interface. Under the 'Accidental Death & Dismemberment (AD&D)' section, there is a message about the plan and a link to the plan page. Below this, there are two dropdown menus: '*AD&D Enroll' (set to 'Enroll in AD&D') and '*AD&D Amount' (set to '\$7, \$500,000'). The 'Dependents Plans' section follows, with a note about FMEV. It contains a table with 4 rows of dependents. At the bottom, there are 'Previous', 'Next', and 'Save For Later' buttons. The 'Next' button is highlighted with a red box.

Dependent Name	*AD&D
1. Cai, Axel J	Enroll
2. Sullivan, John II	Enroll
3. Jusko, Joaquin I	Enroll
4. Lee, Ginger	Enroll

Supplemental Life Insurance

UC provides basic life insurance at no cost for most employees. You can enroll in Supplemental Life Insurance for a monthly premium.

- From the **Supplemental Life Plan** list of values, select the coverage amount or **Waive Supplemental Life Plan**.
- Select the **Next** button.

The screenshot shows the 'Benefits eForm Hub' interface for 'Add Enrollment Changes : Supplemental Life Insurance'. It includes a 'Form ID 353677 (N)' and 'Highlights Enabled' checkbox. The 'Supplemental Life Insurance' section contains a message about the plan and a link to the plan page. Below this, there is a dropdown menu for '*Supplemental Life Plan'. The dropdown is open, showing options: '1X Annual Salary', '2X Annual Salary', '3X Annual Salary', '4X Annual Salary', 'Flat Amount \$20,000', and 'Waive Supplemental Life Plan'. At the bottom, there are 'Previous', 'Next', and 'Save For Later' buttons. The 'Next' button is highlighted with a red box.

Dependent Life Insurance

You can enroll your family members in dependent life insurance for a monthly premium.

- From the **Dependent Life Plan** list of values, select either **Enroll in Expanded Plan** or **Waive Dependent Life Plan**.
- In the **Dependents Plans** section, select the drop-down to **Enroll** in or **Waive** for your dependents.
- Select the **Next** button.

Benefits eForm Hub

Dependent Life Insurance

UC provides basic life insurance at no cost for most employees. Additional insurance for you and your family members is available for a monthly premium. For more information, please visit the [Life Insurance](#) page.

Generally, you can enroll yourself in Supplemental Life insurance and your dependents in Dependent Life insurance at any time during the year. Your Period of Initial Eligibility (PIE) will determine whether you are required to submit a completed Evidence of Insurability (EOI) statement or not. For more details on the EOI process please select the Short form health questionnaire, [click here](#).

*Dependent Life Plan **Enroll in Expanded Plan** ▼

Dependents Plans

Dependents who were previously enrolled in UC Benefits and did not complete Family Member Eligibility Verification (FMEV) will be grayed out and unable to be selected. To enroll your unverified dependent(s) into UC BENEFITS, you will need to complete the FMEV process. Instructions on how to complete the FMEV process for your dependent(s) are posted on [UCnet](#).

Dependent Name ¹	*Dependent Life ¹
1 Cai, Axel J	Enroll ▼
2 Sullivan, John II	Enroll ▼
3 Jusko, Joaquin I	Enroll ▼
4 Lee, Ginger	▼

[Previous](#) **Next** [Save For Later](#)

Hospital Indemnity Plan

Hospital Indemnity pays a pre-determined dollar amount if you are admitted to the hospital due to an accident or illness. You have the option of enrolling in coverage for yourself and your dependents.

- From the **Hospital Indemnity Plan** list of values, select either **Enroll Hospital Indemnity** or **Waive Hospital Indemnity**.
- In the **Dependents Plans** section, select the drop-down to **Enroll** in or **Waive** for your dependents.
- Select the **Next** button.

Benefits eForm Hub

Hospital Indemnity Plan

Hospital Indemnity pays a pre-determined dollar amount if you're admitted to the hospital due to an accident or illness, or for maternity care, and continues to pay a cash benefit for every day you're in the hospital, up to 31 days. For more information, please visit the [Supplemental Health](#) page.

You have the option of enrolling in coverage for you and your dependents.

*Hospital Indemnity Plan **Enroll Hospital Indemnity** ▼

Dependents Plans

Dependents who were previously enrolled in UC Benefits and did not complete Family Member Eligibility Verification (FMEV) will be grayed out and unable to be selected. To enroll your unverified dependent(s) into UC BENEFITS, you will need to complete the FMEV process. Instructions on how to complete the FMEV process for your dependent(s) are posted on [UCnet](#).

Dependent Name ¹	*Hospital Indemnity ¹
1 Cai, Axel J	Enroll ▼
2 Sullivan, John II	Enroll ▼
3 Jusko, Joaquin I	Enroll ▼
4 Lee, Ginger	Enroll ▼

[Previous](#) **Next** [Save For Later](#)

Accident Insurance Plan

Accident Insurance pays cash for benefits if you receive services related to an accident, such as emergency room and urgent care visits. You have the option of enrolling in coverage for yourself and your dependents.

- From the **Accident Insurance Plan** list of values, select either **Enroll Accident Insurance** or **Waive Accident Insurance**.
- In the **Dependents Plans** section, select the drop-down to **Enroll** in or **Waive** for your dependents.
- Select the **Next** button.

Benefits eForm Hub

Accident Insurance Plan

[Accident Insurance](#) pays cash benefits if you receive services related to an accident, such as ER and urgent care visits, ambulance rides, X-rays, surgery, physical therapy and more. For more information, please visit the [Supplemental Health](#) page.

You have the option of enrolling in coverage for you and your dependents.

*Accident Insurance Plan Enroll Accident Insurance ▾

Dependents Plans

Dependents who were previously enrolled in UC Benefits and did not complete Family Member Eligibility Verification (FMEV) will be grayed out and unable to be selected. To enroll your unverified dependent(s) into UC BENEFITS, you will need to complete the FMEV process. Instructions on how to complete the FMEV process for your dependent(s) are posted on [UCnet](#).

Dependent Name ¹	*Accident Insurance ¹
1 Cai, Axel J	Enroll ▾
2 Sullivan, John II	Enroll ▾
3 Jusko, Joaquin I	Enroll ▾
4 Lee, Ginger	Enroll ▾

Previous **Next** Save For Later

Critical Illness Coverage

Critical Illness provides a lump-sum payment if you are diagnosed with certain critical illnesses, such as cancer, heart attack, stroke, and more. Rates are age-based and may differ for you and your spouse or domestic partner. Coverage for eligible children is automatic and included with your premium when you enroll. The premium for your spouse and domestic partner can differ.

- From the **Critical Illness – Employee (+CH)** list of values, select either **Enroll Critical Illness + Child** or **Waive Critical Illness + Child**.
- If you elect to enroll in **Critical Illness**, from the **Employee Enrollment Coverage** list of values, select your coverage amount.
- Select the check box if you would like to enroll your spouse in Critical Illness Coverage.
- In the **Dependents Plans** section, select the drop-down to choose **Enroll** in or **Waive** for your dependents.
- Select the **Next** button.

Benefits eForm Hub

Critical Illness Coverage

The [Critical Illness](#) provides a lump-sum payment if you are diagnosed with certain critical illnesses, such as cancer, heart attack, stroke and more. Rates are age-based and may differ for you and your spouse or domestic partner. You can select a coverage level of \$10,000 or \$30,000. Coverage for eligible children is automatic and included with your premium when you enroll. The premium for your spouse and domestic partner can differ.

For more information, please visit the [Supplemental Health](#) page.

You have the option of enrolling in the Critical Illness plan for you and your dependent(s). Please note that the enrollment for Critical Illness plan requires two actions if you wish to enroll a spouse or domestic partner. You may also choose to waive this plan.

- To enroll in Critical Illness, please choose the level of coverage, (10k or 30k). Any eligible child(ren) dependent(s) will be automatically enrolled in the plan upon your enrollment in the plan.
- If you wish to cover a spouse or domestic partner, please select "Yes" next to the question "Would you like to enroll your spouse in Critical Illness Coverage?". Your spouse or domestic partner will automatically be enrolled in the same level of coverage. Select "No" if you wish to waive coverage for your spouse or domestic partner.
- Please note that for any new dependents that have been added through this benefits enrollment form, a "waive" status will reflect next to their name upon submission. UCPath will review the form to ensure that any new child(ren) dependent(s) are automatically covered under the Critical Illness-Employee plan and if the "Yes" button is selected for the question "Would you like to enroll your spouse in Critical Illness Coverage", your spouse or domestic partner will be added to the plan.

*Critical Illness - Employee (+Ch)

Enroll Critical Illness +Ch

*Employee Enrollment Coverage

Enroll \$30,000 Coverage

Would you like to enroll your spouse in Critical Illness Coverage? ☒

Dependents Plans

Dependents who were previously enrolled in UC Benefits and did not complete Family Member Eligibility Verification (FMEV) will be grayed out and unable to be selected. To enroll your unverified dependent(s) into UC BENEFITS, you will need to complete the FMEV process. Instructions on how to complete the FMEV process for your dependent(s) are posted on [UCNet](#).

	Dependent Name ¹	Accident Insurance ¹
1	Cai, Axel J	Enroll
2	Sullivan, John II	Enroll
3	Jusko, Joaquin I	Enroll
4	Lee, Ginger	Enroll

Previous

Next

Save For Later

UCPath displays the **Participation Terms & Conditions** page. Select the check boxes to accept the **Arbitration** and **Terms and Conditions**.

Benefits eForm Hub**Participation Terms and Conditions**

Your Social Security number, and that of your enrolled family members, is required for purposes of benefit plan administration, for financial reporting, to verify your identity, and for legally required reporting purposes all in compliance with federal and state laws. If you are confirmed as eligible for participation in UC-sponsored plans, you are subject to the following terms and conditions:

ARBITRATION

With the exception of Optum Behavioral Health and UC Medicare Choice, all UC medical plans require resolution of disputes through arbitration.

This arbitration agreement applies to the following plans:

UC Care
UC Health Savings
CORE
UC Blue & Gold HMO
UC High Option Supplement to Medicare
UC Medicare PPO
UC Medicare PPO without Prescription Drugs.

By providing your written or electronic signature, it is understood and you agree that any dispute as to medical malpractice – that is, as to whether any medical services rendered under the contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered – will be determined by submission to arbitration as provided by California law and not by a lawsuit or resort to court process, except as California law provides for judicial review of arbitration proceedings. Both parties to the contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury and instead are accepting the use of arbitration.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL.

BY SELECTING YES, I AM
ELECTRONICALLY SIGNING AND
ACCEPTING THE ABOVE ARBITRATION
TERMS PERTAINING TO ALL MEDICAL
PLANS EXCEPT KAISER FOUNDATION
HEALTH PLANS AND OPTUM
BEHAVIORAL HEALTH.



For more information about each plan's arbitration provision please see the appropriate plan booklet or call the plan.

1. By making an election with your written or electronic signature you are authorizing the University to take deductions from your earnings (employees)/monthly Retirement Plan income (retirees)/designated bank account(direct payment retirees) to cover your contributions toward the monthly costs (if any) for the plans you have chosen for yourself and your eligible family members. You are also authorizing UC to transmit your enrollment demographic data to the plans and associated service vendors in which you are enrolled.
2. You are subject to all terms and conditions of the UC-sponsored plans in which you are enrolled as stated in the plan booklets and the University of California Group Insurance Regulations.
3. By enrolling individuals as your family members you are certifying that those individuals are eligible for coverage based on the definitions and rules specified in the University of California Group Insurance Regulations and described in UC health and welfare plan eligibility publications. You are also certifying under penalty of perjury that all the information you provide regarding the individuals you enroll is true to the best of your knowledge.
4. If you enroll individuals as your family members you must provide, upon request, documentation verifying that those individuals are eligible for coverage. The carrier may also require documentation verifying eligibility. Verification documentation includes, but is not limited to, marriage or birth certificates, domestic partner verification, adoption papers, tax records and the like.
5. If your enrolled family member loses eligibility for UC-sponsored coverage (for example because of divorce or loss of eligible child status) you must notify UC by de-enrolling that individual. If you wish to make a permitted change in your health or flexible spending account coverage you must notify UC within 31 days of the eligibility loss event; for purposes of COBRA, eligibility loss notice must be provided to UC within 60 days of the family member's loss of coverage. However, regardless of the timing of notice to UC, coverage for the ineligible family member will end on the last day of the month in which the eligibility loss event occurs (subject to any continued coverage option available and elected.)
6. Making false statements about satisfying eligibility criteria, failing to timely notify UC of a family member's loss of eligibility, or failing to provide verification documentation when requested may lead to de-enrollment of the affected individuals. Employees/retirees may also be subject to disciplinary action and de-enrollment from health benefits and may be responsible for any cost of benefits provided and UC-paid premiums due to misuse of plan.
7. Under current state and federal tax laws, the value of the contribution UC makes toward the cost of health coverage provided to domestic partners and certain other family members who are not "your dependents" under state and federal tax rules may be considered imputed income that will be subject to income taxes, FICA (Social Security and Medicare), and any other required payroll taxes. (Coverage provided to California registered domestic partners is not subject to imputed income for California state tax purposes.)
8. If you specifically ask UC representatives to intercede on your behalf with your insurance plan, University representatives will request the minimum health information required to assist you with your problem. If more health information is needed to solve your problem, in compliance with state and federal privacy laws, you may be required to sign an authorization allowing UC to provide the health plan with relevant health information or authorizing the health plan to release such information to the UC representative.
9. Provided all electronic and form transactions have been completed properly and submitted timely actions you take during Open Enrollment will be effective the following January 1 unless otherwise stated.
10. By enrolling in the Critical Illness, Hospital Indemnity or Accident plans you acknowledge that you have read and agree to the below Product Disclaimers, that you understand the terms and requirements of the fraud warnings included as part of the disclaimers, and you declare that all information given is true and complete to the best of your knowledge and belief.

Hospital Indemnity Product Disclaimers

https://gi.prudential.com/groupinsurance/forms/Disclaimers/HIP_DISCLAIMERS.pdf

Accident Product Disclaimers

https://gi.prudential.com/groupinsurance/forms/Disclaimers/ACCIDENT_DISCLAIMERS.pdf

Critical Illness Product Disclaimers

https://gi.prudential.com/groupinsurance/forms/Disclaimers/CRITICAL_ILLNESS_DISCLAIMERS.pdf

By checking this box I accept the above
Terms and Conditions



- Review the **Important Notices (HIPPA)** on this page.

IMPORTANT NOTICES**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) NOTIFICATION FOR MEDICAL PROGRAM ELIGIBILITY**

- Select the **Upload** button to add any **File Attachments**.
- Select the check box to accept the **Acknowledgement**.
- Select the **Submit** button.

Benefits eForm Hub

You will not be retaliated against for filing a complaint.

[Questions](#)

If you have questions or for further information regarding this privacy notice, contact the UC Healthcare Plan HIPAA Privacy Officer at 1-800-888-8267, press 1.

File Attachments

Status	Upload	Description †1	File Name †1	Delete
1	Upload			Delete

Form Action Items

Acknowledgement
1 ☒ My signature below indicates I have read and understand the "Terms and Conditions" provided in the prior page as well as the eligibility requirements of the benefit plans in which I have enrolled. I declare under penalty of perjury that all of the above information is true to the best of my knowledge. I understand that if I left a plan section blank, it is the same as waiving and I will not be enrolled in that plan. I agree it is my responsibility to check my earnings statements to verify my current benefits enrollments and deductions.

> **Comments**

After you submit your Benefits eForm, UCPath displays a results page with an **Action Item Log** that includes the **Acknowledgement**, **Description**, **User**, and **Time Stamp**.

Benefits eForm Hub

Form ID 353677 (Pending)

Action Item Log

Acknowledgement	Description	User	Time Stamp
1 Yes	My signature below indicates I have read and understand the "Terms and Conditions" provided in the prior page as well as the eligibility requirements of the benefit plans in which I have enrolled. I declare under penalty of perjury that all of the above information is true to the best of my knowledge. I understand that if I left a plan section blank, it is the same as waiving and I will not be enrolled in that plan. I agree it is my responsibility to check my earnings statements to verify my current benefits enrollments and deductions.	10595506	05/30/25 8:37:51.000000AM