Benefits Request eForm

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:

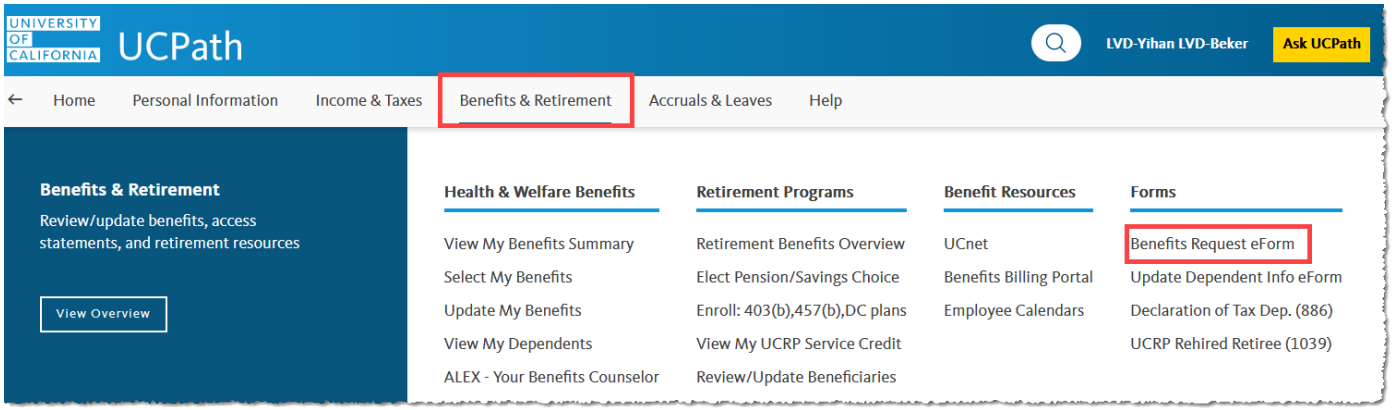
- No self-service option is available.
- You're newly eligible for benefits but don't see enrollment options on your Benefits homepage.
- You've missed the 31-day deadline to make changes after a qualifying life event.

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.

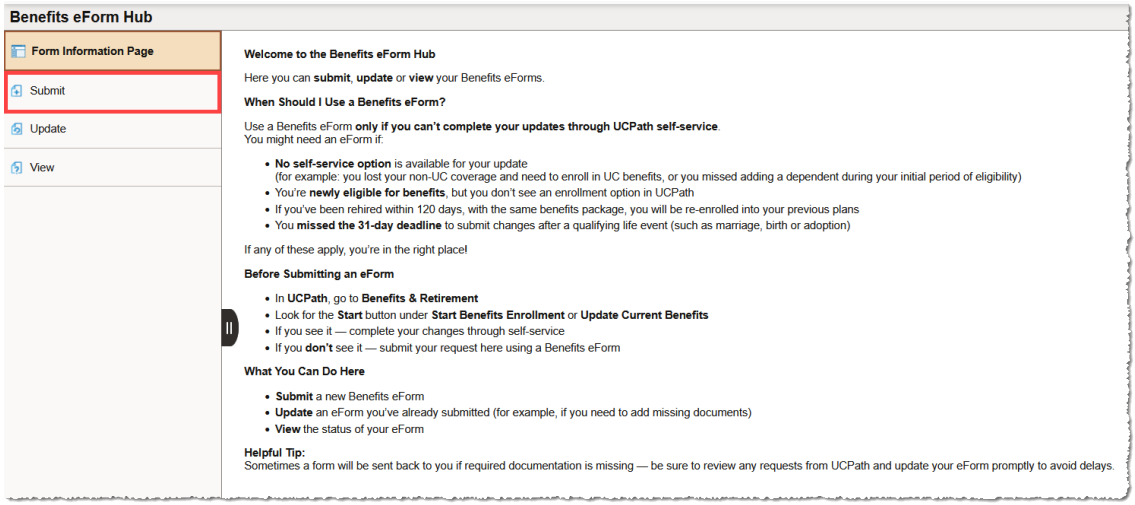
Navigation:

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

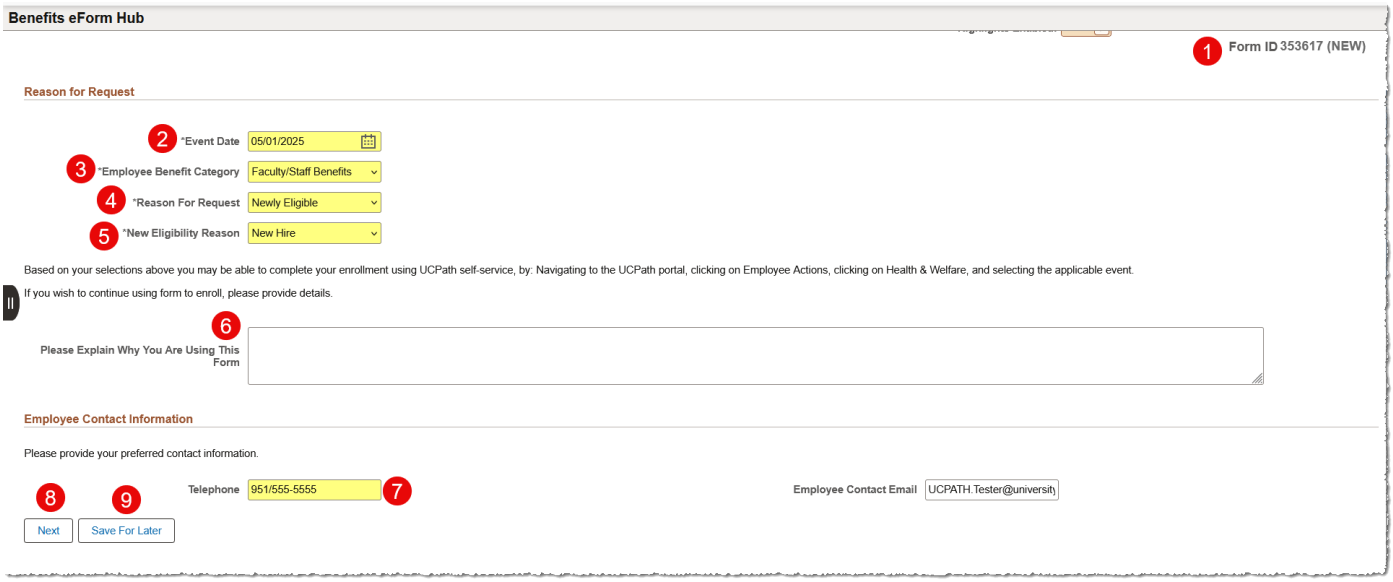


Completing the eForm

- 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.

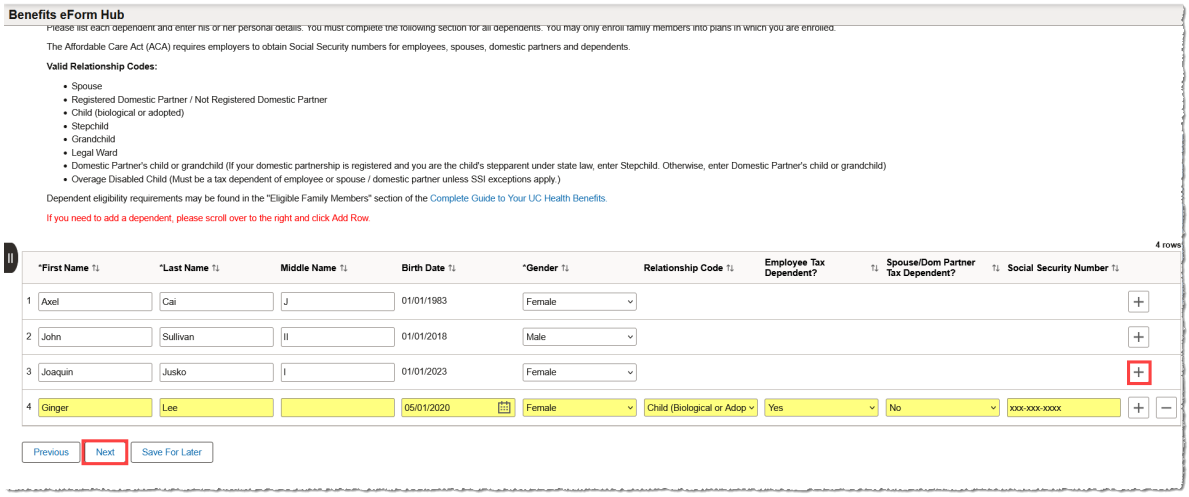


1. **Form ID:** A unique identifier automatically generated for this eForm. This number is used to track and reference your submission.
2. **Event Date:** Use the calendar icon to enter your event date. The event date for newly eligible employees is the date they became eligible for benefits, which may 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.

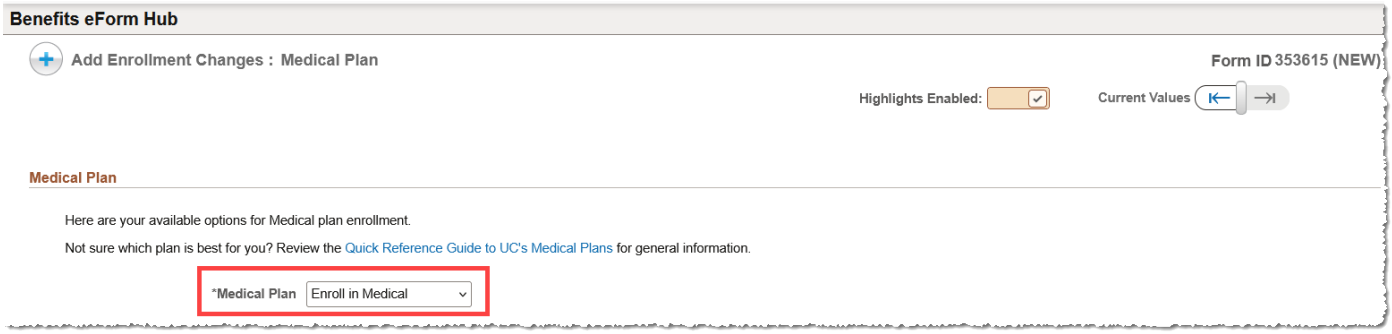
- If you need to add a dependent, select the **Add Row** button, then enter your dependent's personal details.
- Select the **Next** button.



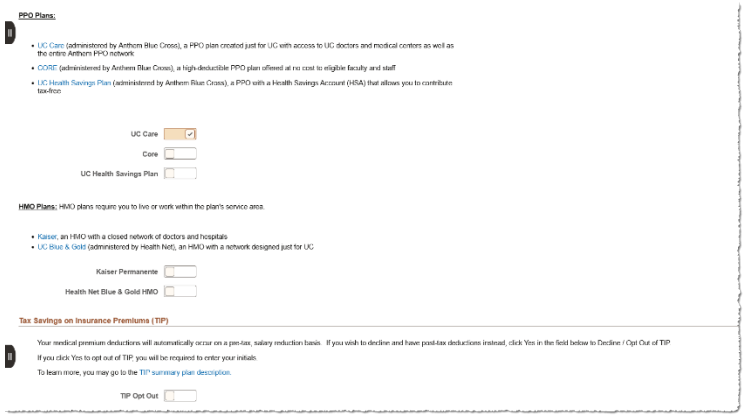
Medical Plan

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

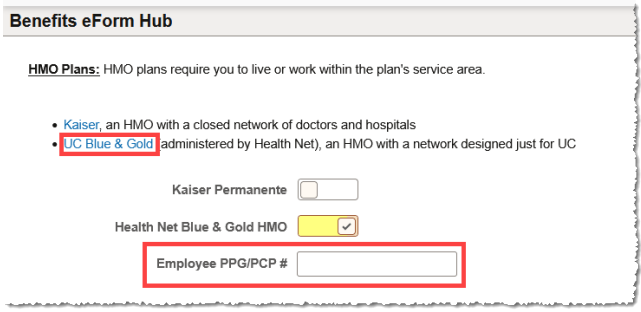
- From the **Medical Plan** list of values, select either **Enroll in Medical** or **Waive Medical**.



- 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.



- 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 #**.

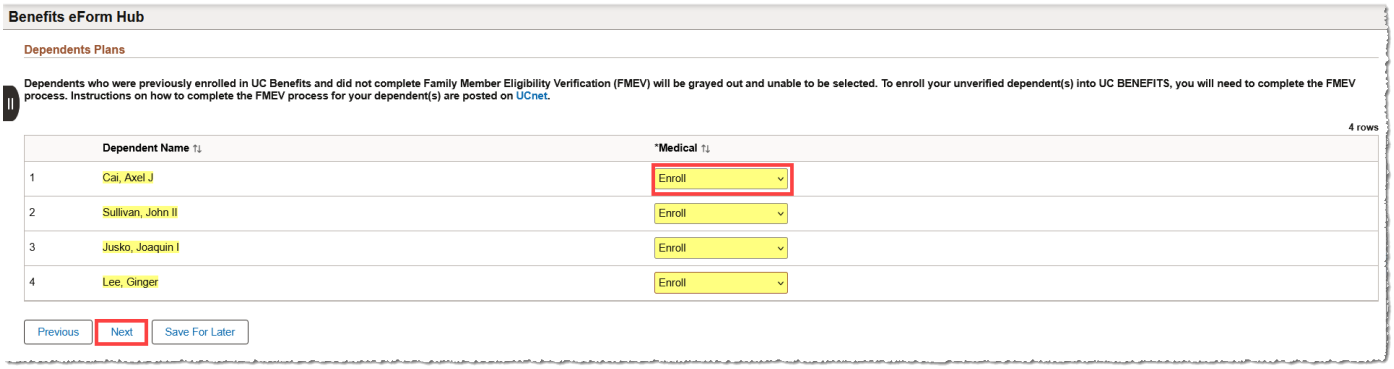


Dependent Plans

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.

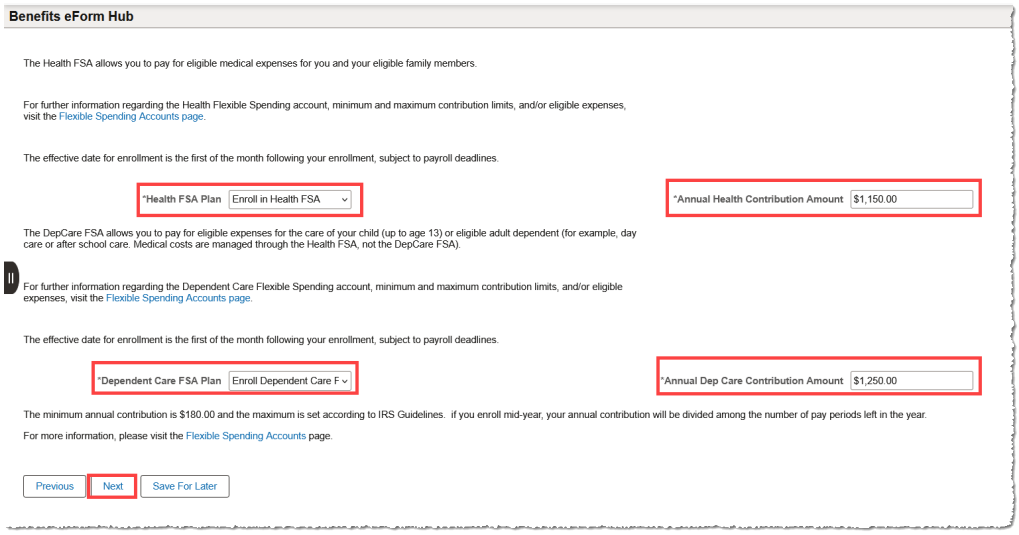
Note: Dependents who were previously enrolled in UC Benefits and did not complete the **Family Member Eligibility (FMEV)** process are grayed out and are not available for selection.



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.

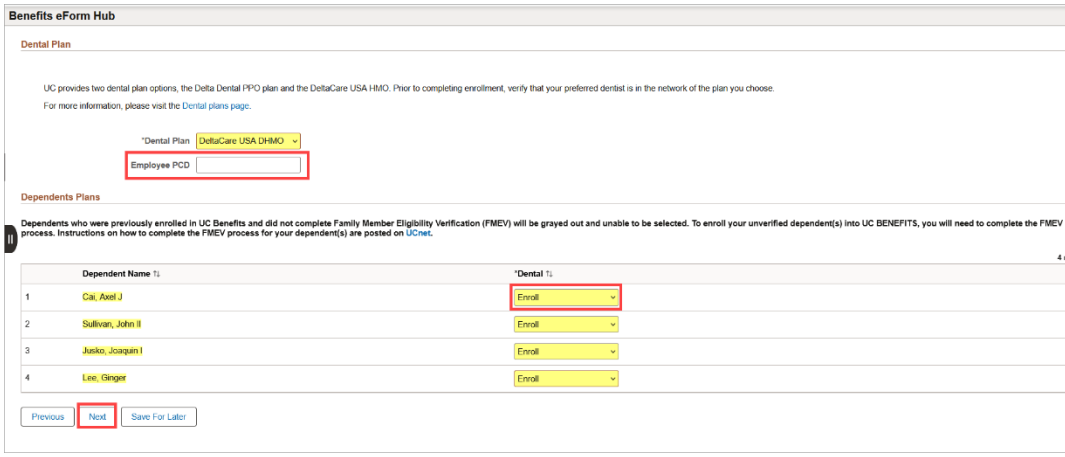
- **Health FSA Plan:** Select the drop-down to **Enroll** in or **Waive** Health FSA.
- Enter your **Annual Health Contribution Amount**.
- **Dependent Care FSA Plan:** Select the drop-down to **Enroll** in or **Waive Dependent Care FSA**.
- Enter your **Annual Dep Care Contribution Amount**.
- Select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



Dental Plan

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

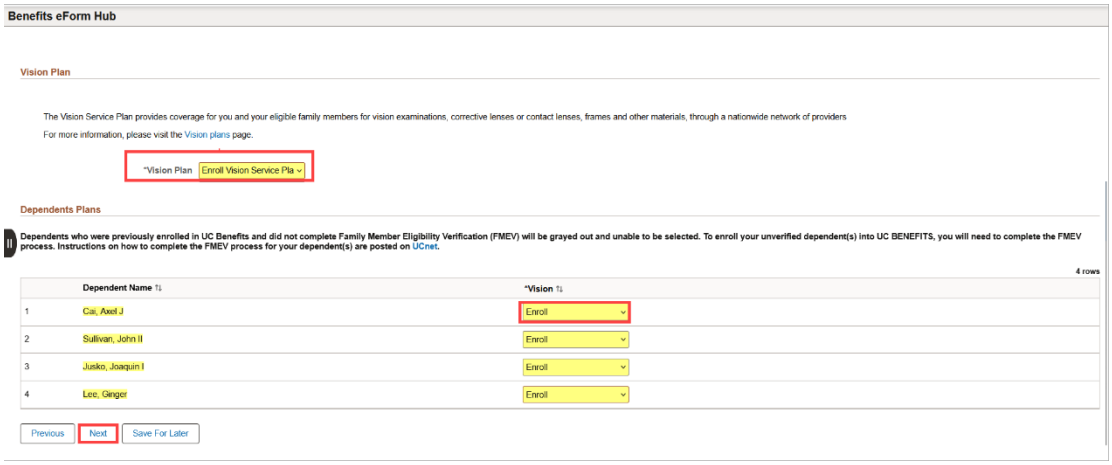
- From the Dental Plan list of values, select either **Delta Dental PPO**, **Delta Care USA DHMO** or **Waive Dental Plan**.
- If you select **DeltaCare USA DHMO**, complete the **Employee PCD** section. Select the **Dental plans page** link to search for your primary care provider's **PCD**.
- In the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



Vision Plan

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

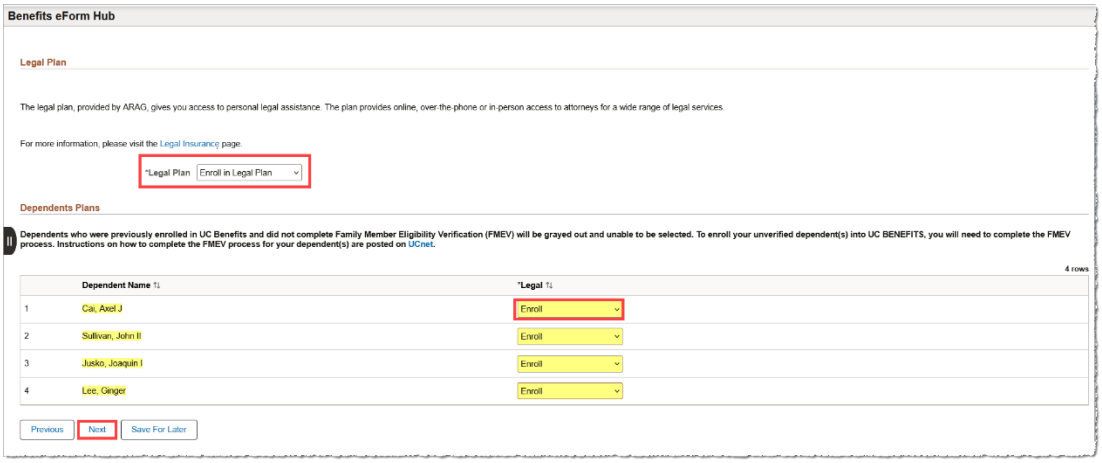
- From the **Vision Plan** list of values, select either **Enroll Vision Service Plan – VSP** or **Waive Vision Plan**.
- In the **Dependents Plans** section, select the drop-down to **Enroll** in or **Waive** for your dependents.
- Select the **Next** button.



Legal Plan

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

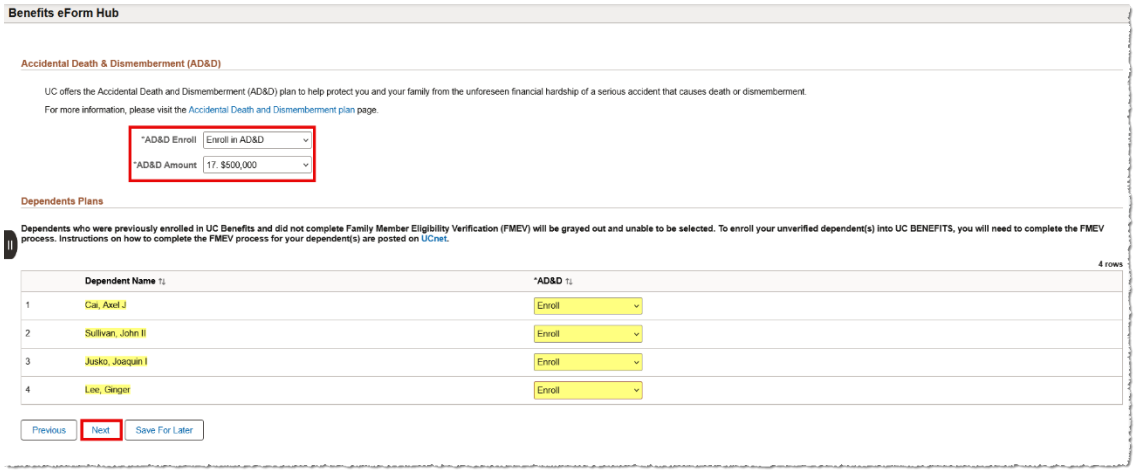
- From the **Legal Plan** list of values, select either **Enroll in Legal Plan** or **Waive Legal Plan**.
- In the **Dependents Plans** section, select the drop-down to **Enroll** in or **Waive** for your dependents.
- Select the **Next** button.



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.

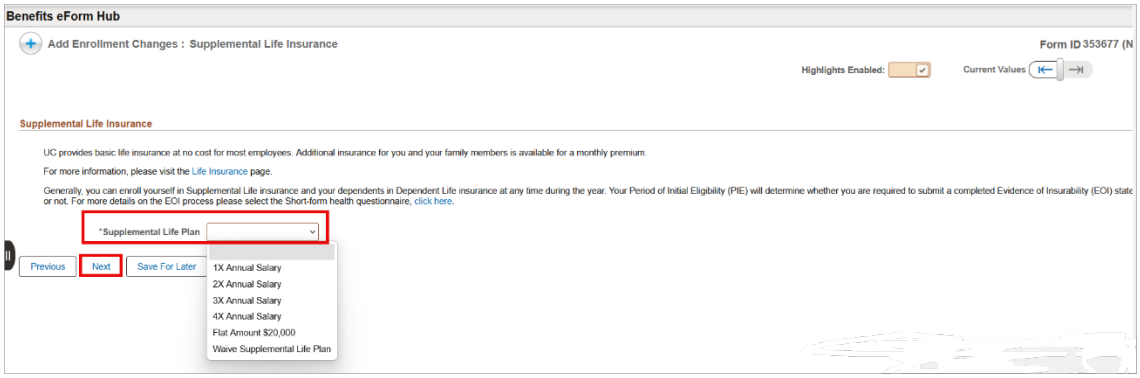
- From the **AD&D Enroll** list of values, select either **Enroll in AD&D** or **Waive AD&D**.
- If you elect to enroll in AD&D, from the **AD&D Amount** list of values, select your coverage amount.
- In the **Dependents Plans** section, select the drop-down to **Enroll** in or **Waive** for your dependents.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



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.

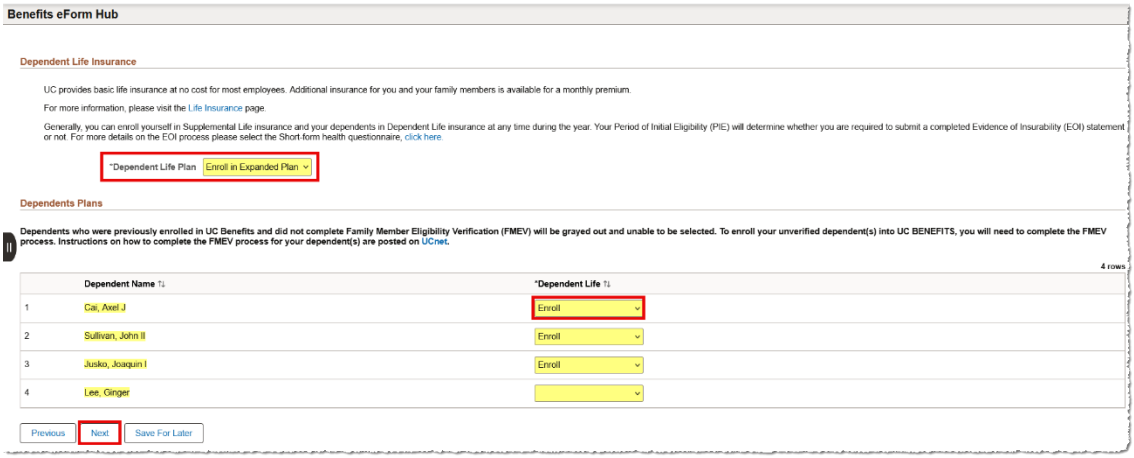
- From the **Supplemental Life Plan** list of values, select the coverage amount or **Waive Supplemental Life Plan.**
- Select the **Next** button.



Dependent Life Insurance

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

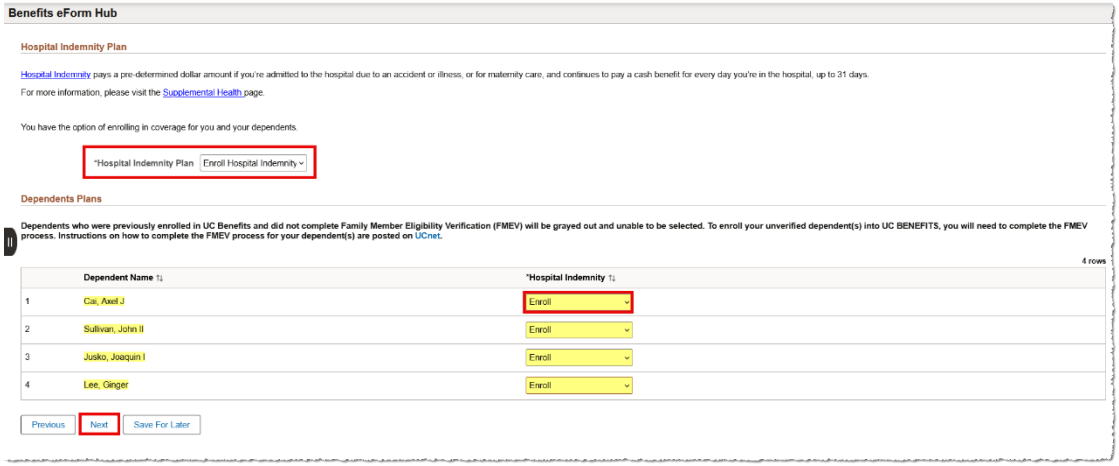
- From the **Dependent Life Plan** list of values, select either **Enroll in Expanded Plan** or **Waive Dependent Life Plan**.
- In the **Dependents Plans** section, select the drop-down to **Enroll** in or **Waive** for your dependents.
- Select the **Next** button.



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.

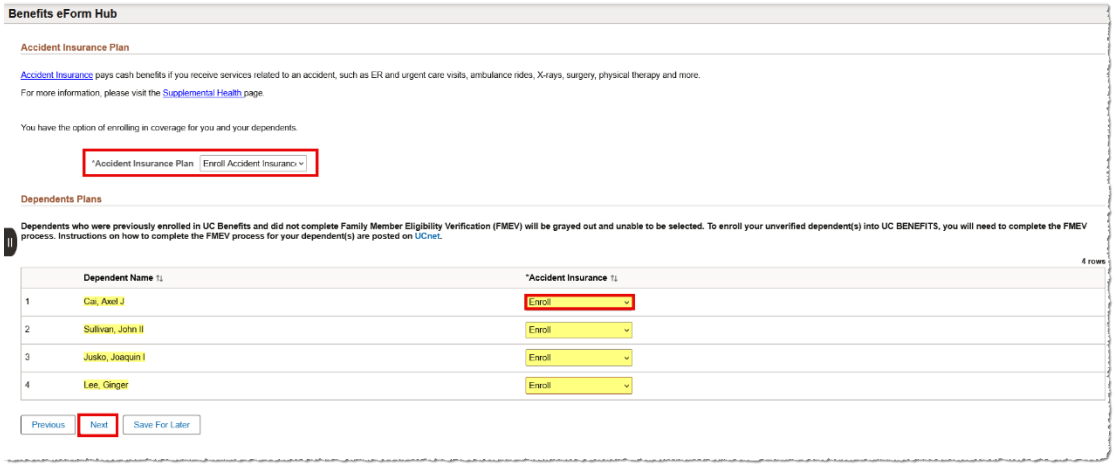
- From the **Hospital Indemnity Plan** list of values, select either **Enroll Hospital Indemnity** or **Waive Hospital Indemnity**.
- In the **Dependents Plans** section, select the drop-down to **Enroll** in or **Waive** for your dependents.
- Select the **Next** button.



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.

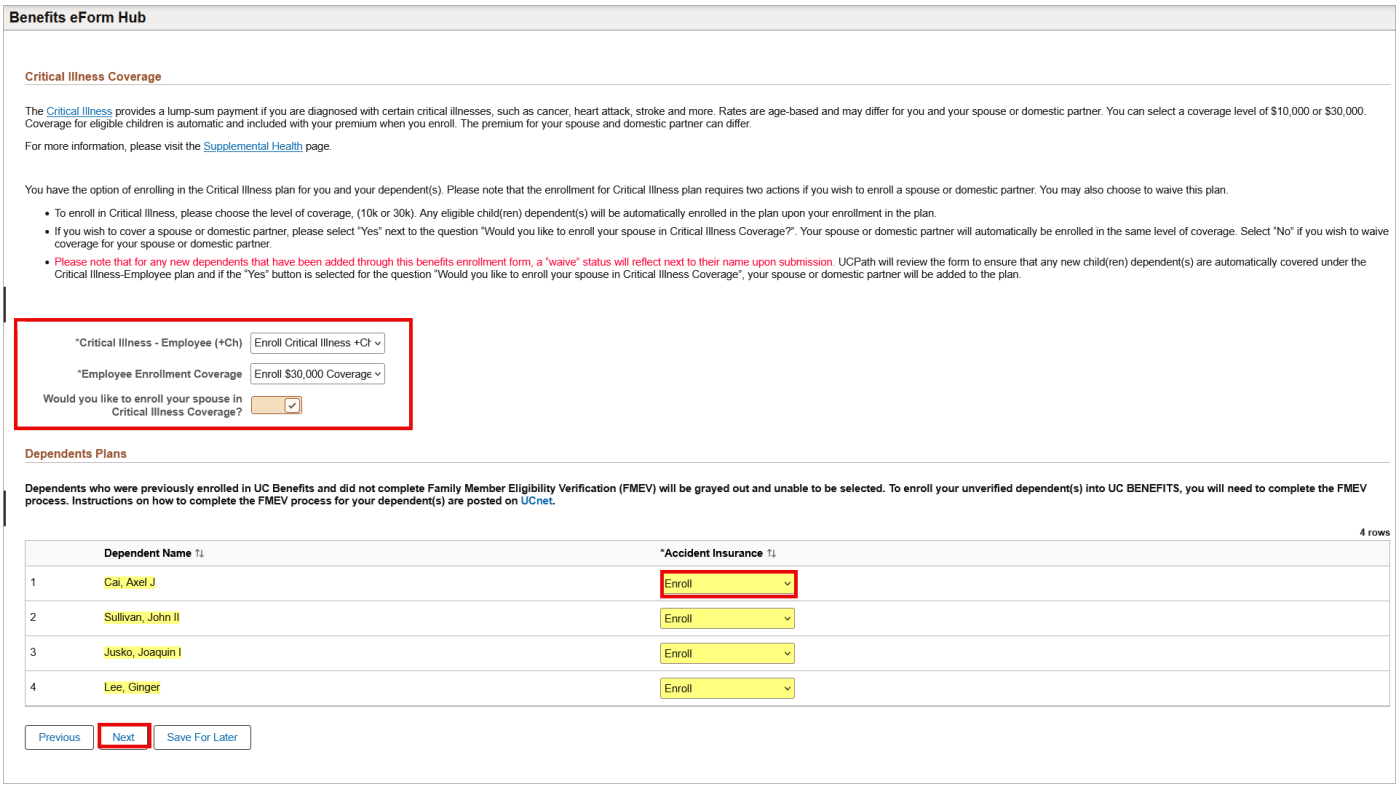
- From the **Accident Insurance Plan l**ist of values, select either **Enroll Accident Insurance** or **Waive Accident Insurance.**
- In the **Dependents Plans** section, select the drop-down to **Enroll** in or **Waive** for your dependents.
- Select the **Next** button.



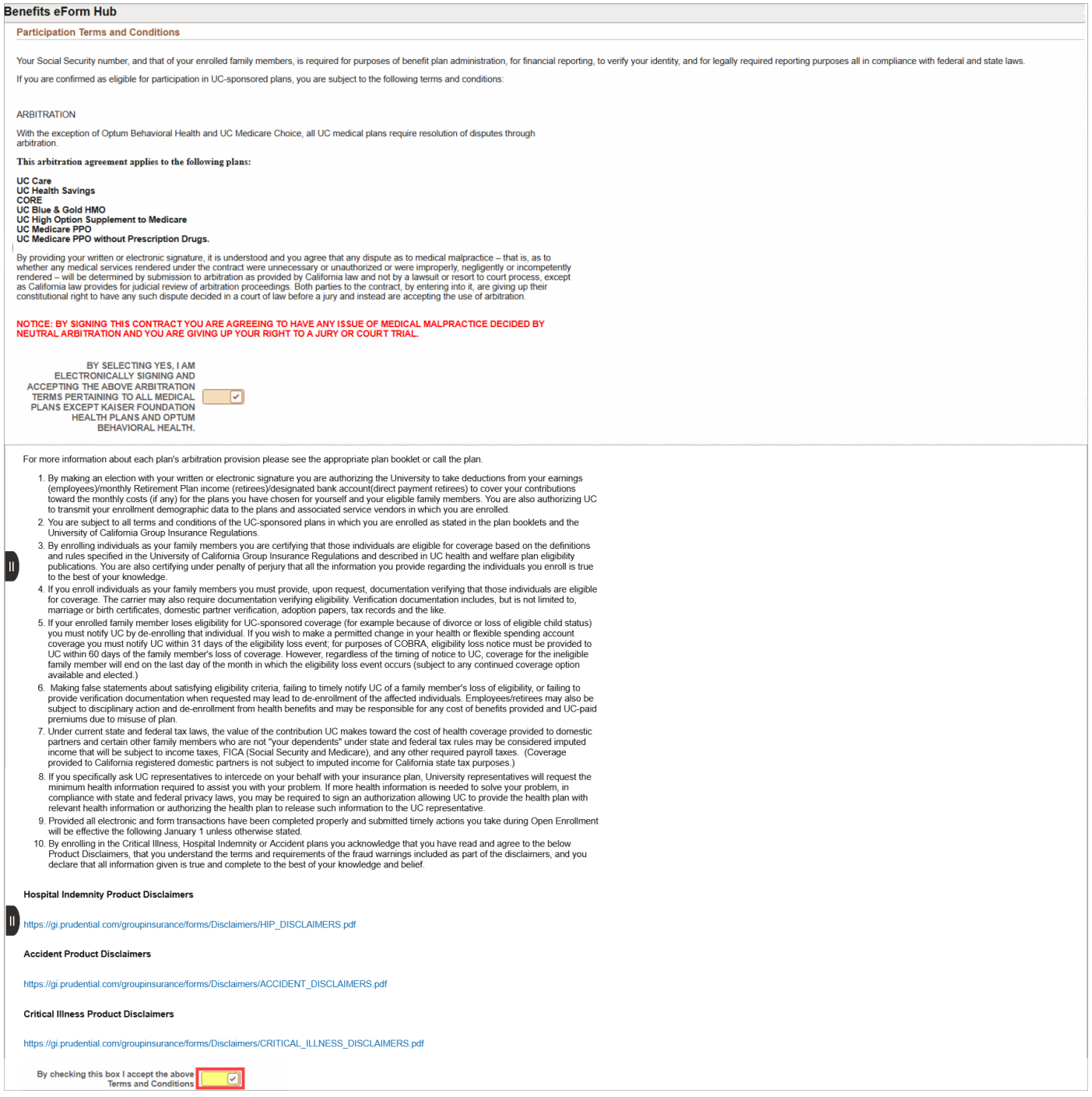
Critical Illness Coverage

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.



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

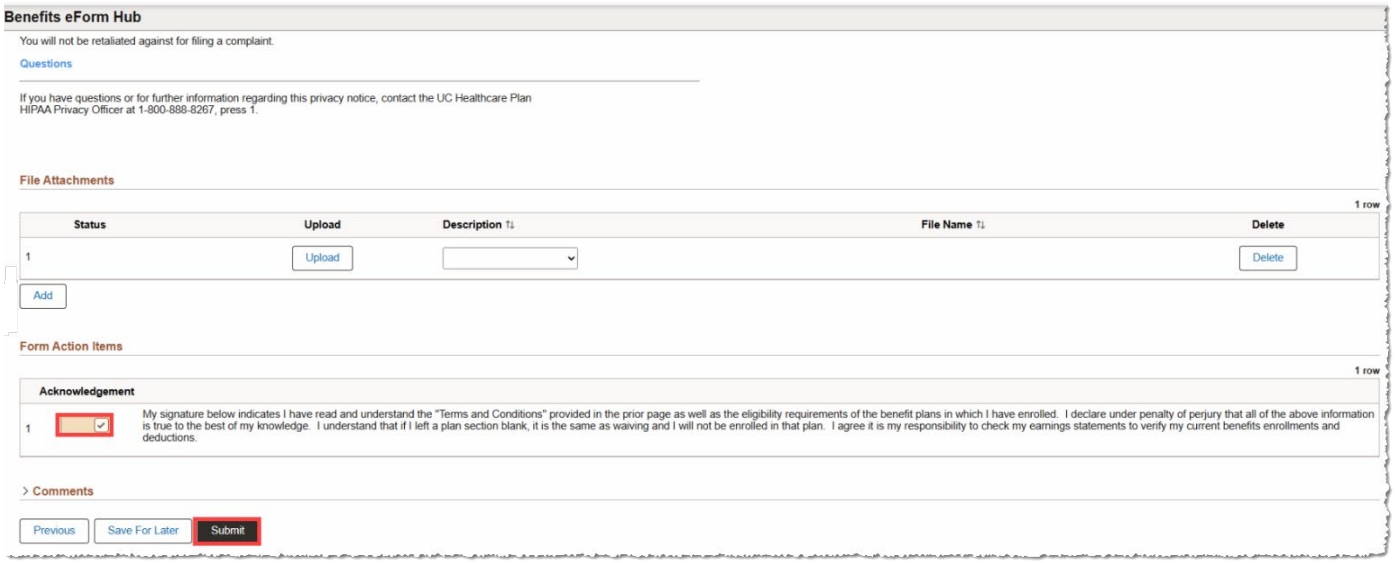
Critical Illness Product Disclaimers

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.

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



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**.