

It is your responsibility to complete and submit this form to the UCPath Center by 5pm PST on the 31st day of your PIE. **Required fields outlined in red** must be completed in order for your form to be processed. Click to access [form instructions](#).

**1. PERSONAL INFORMATION** Enter your personal information. Your UCPath Employee ID# is listed on your earnings statements.

Last Name	First Name	Middle Initial	Employee ID Number
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**2. QUALIFYING LIFE EVENT** Enter the date of the event and select the type of event by checking the applicable box shown below. See [Garnett-Powers & Associates \(GPA\)](#) website for more information on benefits eligibility.

Date Life Event Occurred: \_\_\_\_\_ (mm/dd/yyyy)

Birth / Adoption       Death       Family member(s) arrival in the U.S.  
 Marriage       Child Turning Age 26       Adult Dependent Relative Legal Ward, Family Member  
 Domestic Partnership       Involuntary Loss of Coverage       Address Change (move in/out of a plan's service area)  
 Divorce, Legal Separation, Annulment, Termination of Domestic Partnership       Other - Explain: \_\_\_\_\_

**3. DEPENDENTS** Starting with yourself, list each dependent and enter his or her personal details. You must complete the following section for all dependents that will be added/deleted. Put an **A** in the appropriate benefit column to add, or **D** to delete/ cancel from your coverage. You may only enroll family members into plans you are enrolled in. If you have more than six dependents, you may complete a second form and fill out sections 1, 3, & 6. The Affordable Care Act (ACA) requires employers to obtain Social Security numbers for employees, spouses, domestic partners, and dependents.

Name (Last, First, Middle Initial)	Birth Date	Gender (M/F)	Relationship Code <sup>1</sup>	Employee Tax <sup>2</sup> Dependent? (Yes/No)	Spouse/Dom Partner Tax <sup>2</sup> Dependent? (Yes/No)	Social Security Number	Medical	Dental	Vision
Listed in Section 1			Self						
1.									
2.									
3.									
4.									
5.									
6.									

<sup>1</sup> Relationship Codes: **S**=Spouse    **R**=Registered Domestic Partner    **N**=Non Registered Domestic Partner    **C**= Child (biological or adopted)  
**P**=Stepchild    **G**=Grandchild    **W**=Legal Ward    **K**=Domestic Partner's child<sup>3</sup> or grandchild    **Q**= Overage Disabled Child<sup>4</sup>  
<sup>2</sup> Dependent eligibility requirements may be found on the [Garnett-Powers & Associates \(GPA\) website](#).  
<sup>3</sup> If your domestic partnership is registered and you are the child's stepparent under state law, enter Code "P" for Stepchild. Otherwise, enter code "K".  
<sup>4</sup> Must be a tax dependent of employee or spouse/domestic partner unless SSI exception applies.

**4. 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, **check the below box and place your initials next to it**. To learn more, you may go to the [TIP summary plan description](#).  
 Decline/Opt Out of TIP \_\_\_\_\_ Initials

**5. BENEFIT ELECTIONS** Select your benefits by checking the box for the appropriate plan. If you leave a plan section blank it is the same as declining and you will not be enrolled in that plan. Therefore, you **MUST** re-affirm your enrollment in EACH plan or it will be assumed that you are declining your option to enroll. If enrolling in Health Net HMO and/or Health Net DHMO please provide the 10-digit Primary Physician Group (PPG), or Primary Care Physician (PCP), or Primary Care Dentist (PCD) ID number(s) to avoid manual auto-assignment.

MEDICAL PLAN		
Health Net	or	Health Net
<u>PPO Plan</u>		<u>HMO Plan</u>
		Decline Plan
*HMO plans require that you live within the plan's service area.		
PPG/PCP 10-digit ID#: _____		Check if current Physician <input type="checkbox"/>

DENTAL PLAN		VISION PLAN	
Principal Financial Group POS	Decline Plan	Health Net Vision PPO	Decline Plan
Health Net DHMO			
PCD ID#: _____			

**6. AUTHORIZATION AND SIGNATURE** My signature below indicates I have read and understand the "Terms and Conditions" on this form 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 agree it is my responsibility to check my earnings statements to verify my current benefits enrollments and deductions.

Employee Signature		Date (mm/dd/yyyy)
Phone Number	Email Address	

# Participation Terms and Conditions

Your Social Security number, and that of your enrolled family members, is used 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.

As a participant in the UC-sponsored Postdoctoral Scholar Benefit Plans, you are subject to the following terms and conditions:

1. The UC-sponsored Postdoctoral Scholar (Postdoc) medical plans require resolution of disputes through arbitration. With regard to each plan, IT IS UNDERSTOOD 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. For more information about each plan's arbitration provision please see the appropriate plan booklet or call the plan.
2. UC and Postdoctoral Scholar health and welfare plan vendors comply with federal/state regulations related to the privacy of personal/confidential information including the Health Insurance Portability and Accountability Act of 1996(HIPAA), as applicable. To fulfill their contracted responsibilities and services, health plans and associated service vendors may share UC Postdoctoral Scholar member health information between and among each other within the limits established by HIPAA and federal/state regulations for purposes of health care operations, payment, and treatment. A member's requested restriction on the sharing of specified protected health information for health care operations, payment, and treatment will be honored as required by HIPAA.
3. By making an election with your written or electronic signature, you are authorizing the University to take deductions from your earnings to cover your monthly costs, if any, for the plans you have chosen for yourself and your eligible family members. Postdocs who are paid through the payroll system will have their deductions for the contributions taken from their paychecks.
4. You are subject to all terms and conditions of the UC-sponsored Postdoc plans in which you are enrolled as stated in the plan booklets and the Postdoctoral Scholar Unit contract.
5. 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.
6. 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.
7. If your enrolled family member loses eligibility for UC-sponsored Postdoc coverage (for example, because of divorce or loss of eligible child status), you must notify UC by de-enrolling that individual. For purposes of COBRA, eligibility 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.)
8. Making false statements about satisfying eligibility criteria, failing to timely notify the University of a family member's loss of eligibility within 31 days of such loss, or failing to provide verification documentation when requested may lead to de-enrollment of the affected family member(s). Postdocs may also be subject to disciplinary action and de-enrollment from health benefits and may be responsible for any UC-paid premiums due to enrollment of ineligible individuals.
9. 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.)

Garnett-Powers & Associates, Inc. (GPA) will be collecting contributions for those Postdocs without sufficient payroll to pay for the contributions.

You are also authorizing UC to transmit your enrollment demographic data to the plans in which you are enrolled.

10. If you specifically ask UC and/or Garnett-Powers & Associates representatives to intercede on your behalf with your insurance plan, University and/or Garnett-Powers & Associates representatives will request the minimum necessary protected health information required to assist you with your problem. If more protected health information is needed to solve your problem, in compliance with state laws and federal privacy laws, including HIPAA, you may be required to sign an authorization allowing UC and/or Garnett-Powers & Associates to provide the health plan with relevant protected health information or authorizing the health plan to release such information to the University representative.
11. Actions you take during Open Enrollment will be effective the following January 1, unless otherwise stated, provided all electronic and form transactions have been completed properly and submitted timely.

## IMPORTANT NOTICES

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

If you are declining enrollment for yourself or your eligible family members because of other medical insurance or group medical plan coverage, you may be able to enroll yourself and your eligible family members\* in a UC-sponsored Postdoc medical plan if you or your family members lose eligibility for that other coverage (or if the employer stops contributing toward the other coverage for you or your family members.) You must request enrollment within 31 days after you or your family member's other medical coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a newly eligible family member as a result of marriage or domestic partnership, birth, adoption, or placement for adoption, you may be eligible to enroll your newly eligible family member. If you are an employee you may be eligible to enroll yourself, in addition to your eligible family member(s). You must request enrollment within 31 days after the marriage or partnership, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible family member because of coverage under Medicaid (in California, Medi-Cal) or under a state children's health insurance program (CHIP) you may be able to enroll yourself and your eligible family members in a UC-sponsored Postdoc plan if you or your family members lose eligibility for that coverage. You must request enrollment within 60 days after your coverage or your family members' coverage ends under Medicaid or CHIP.

Also, if you are eligible for health coverage from UC but cannot afford the premiums, some states have premium assistance programs that can help pay for coverage. For details, contact the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services at [www.cms.gov](http://www.cms.gov) or 1-877-267-2323 ext. 61565.

IF YOU DO NOT ENROLL YOURSELF AND/OR YOUR FAMILY MEMBER(S) IN MEDICAL COVERAGE WITHIN THE 31 DAYS WHEN FIRST ELIGIBLE, WITHIN A SPECIAL ENROLLMENT PERIOD DESCRIBED ABOVE, OR WITHIN AN OPEN ENROLLMENT PERIOD, YOU MAY BE ELIGIBLE TO ENROLL AT A LATER DATE. However, even if eligible, each affected individual will need to complete a waiting period of 90 consecutive calendar days before medical coverage becomes effective and employee premiums may need to be paid on an after-tax basis (retiree premiums are always paid after-tax). Otherwise, you/they can enroll during the next Open Enrollment Period.

To request special enrollment or obtain more information, Postdocs should contact Garnett-Powers & Associates (1-800-254-1758) or [psbp@garnett-powers.com](mailto:psbp@garnett-powers.com).

Note: If you are enrolled in a UC Postdoc medical plan, you may be able to change medical plans if:

1. You acquire a newly eligible family member; or
2. Your eligible family member loses other coverage.

In either case, you must request enrollment within 31 days of the occurrence.

**\* To be eligible for plan membership, you and your family members must meet all UC postdoc, employee, or retiree enrollment and eligibility requirements. As a condition of coverage, all plan members are subject to eligibility verification by the University and/or insurance carriers, as described in the participation terms and conditions.**

By authority of the Regents, University of California Human Resources located in Oakland administers all benefit plans in accordance with applicable plan documents and regulations, custodial agreements, University of California Group Insurance Regulations, group insurance contracts, and state and federal laws. No person is authorized to provide benefits information not contained in these source documents and information not contained in these source documents cannot be relied upon as having been authorized by the Regents. Source documents are available for inspection upon request from Garnett-Powers & Associates (1-800-254-1758). What is written here does not constitute a guarantee of plan coverage or benefits--particular rules and eligibility requirements must be met before benefits can be received.

The University of California intends to continue the benefits described here indefinitely; however the benefits of all Postdocs and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the University or other governing authorities, subject to collective bargaining. The University also reserves the right to determine new premiums, employer contributions, and monthly costs at any time, subject to any applicable collective bargaining agreements. Health and welfare benefits are not accrued or vested benefit entitlements. For more information, Postdocs should contact Garnett-Powers & Associates (1-800-254-1758) or [psbp@garnett-powers.com](mailto:psbp@garnett-powers.com).

In conformance with applicable law and University policy, the University is an affirmative action/equal opportunity employer. Please send inquiries regarding the University's affirmative action and equal opportunity policies for staff to System wide AA/EEO Policy Coordinator, University of California Office of the President, 1111 Franklin Street, 5th Floor, Oakland CA 94607 and for faculty to the Office of Academic Personnel, University of California Office of the President, 1111 Franklin Street, Oakland CA 94607.