



## BENEFITS: REQUEST TO CONTINUE/CANCEL UNIVERSITY COVERAGE INSTRUCTIONS

### IMPORTANT INFORMATION ABOUT YOUR INSURANCE

#### FOR ALL FACULTY & STAFF, IF YOU ARE:

- A. Planning a **LEAVE WITHOUT PAY AND**
- B. You will **MISS ONE OR MORE PAYCHECKS**

You must complete this form to choose either to continue or cancel insurance benefits while on Leave without Pay or during a Benefits Bridge period. Please follow the steps below:

#### 1. ELECT TO CONTINUE OR CANCEL INSURANCE COVERAGE

##### TO CONTINUE INSURANCE COVERAGE:

Complete, sign and return this form with payment (check or money order made out to **UC Regents**; no cash) by the **10th of the month for the following month's coverage**. Premiums are paid to the insurance carrier at the beginning of the month for that month's coverage. For example, premiums received by February 10th are for March coverage. If you do not pay your premiums on time, your coverage will end at the end of the month for which premiums are last paid.

##### TO CANCEL INSURANCE COVERAGE:

Complete, sign and return this form to Payroll – Benefits Accounting Unit.

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**Return the form and payment to:**  
*UCB Payroll – Benefits Accounting Unit*  
 2195 Hearst Avenue, Room 120  
 Berkeley, CA 94720-1104

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##### BENEFITS COVERAGE WHILE ON LEAVE:

What happens with each of your benefits during a Leave Without Pay is detailed in the Leave Without Pay Fact Sheet, found at <http://ucnet.universityofcalifornia.edu/forms/pdf/leave-without-pay.pdf> or from your Departmental HR Partner.

##### PREMIUMS:

Your monthly premium amounts can be found on: **1) your paycheck stub or Earnings Statement, 2) View Your Enrollments in Your Benefits Online on the At Your Service website, or 3) if you cannot locate the premiums in either of these ways, contact your Departmental HR Partner for assistance.** Please be sure to review your check stub each pay period to make sure all your scheduled benefits have been deducted.

#### 2. RE-ENROLL IN BENEFITS WITHIN 31-DAYS AFTER YOU RETURN FROM LEAVE

Upon return from leave, contact your Departmental HR Partner about reenrolling in benefits – using the UPAY 850 form: <http://ucnet.universityofcalifornia.edu/forms/pdf/upay-850.pdf>

**A. Health & Welfare Benefits:**

1. **During Non-Work Related Disability:** The *University contribution* to medical insurance will continue during your leave if you are receiving **UC paid short-term disability** benefits from Liberty Mutual (26 weeks maximum). **You continue to be responsible for the payment of the employee portion of your medical plan premium** in addition to the full premiums for any other benefits you wish to continue during your disability period.
2. **During Family Medical Leave Act (FMLA):** The *University Contribution* for Medical, Dental and Vision insurance coverage will be maintained during any leave covered by FMLA (up to 12 work weeks) to the extent coverage would be maintained if you had been actively at work during the leave period. **You continue to be responsible for the payment of the employee portion of your medical plan premium** in addition to the full premiums for any other benefits (legal, life, accidental, death and dismemberment) you wish to continue during your disability period. If you are enrolled in HFSA, you may choose to continue or cancel coverage during FMLA.
3. **During Pregnancy Disability Leave (PDL):** The *University Contribution* for Medical, Dental and Vision insurance coverage will be maintained during any leave covered by PDL (up to 4 months). **You continue to be responsible for the payment of the employee portion of your benefit plan premiums. After your PDL period ends you must pay both the UC premium and your premium. Please verify with your department your dates of PDL eligibility.**
4. **During California Family Rights Act (CFRA):** The *University Contribution* for Medical, Dental and Vision insurance coverage will be maintained during any leave covered by CFRA (up to 12 work weeks) to the extent coverage would be maintained if you had been actively at work during the leave period. **You continue to be responsible for the payment of the employee portion of your medical plan premium** in addition to the full premiums for any other benefits (legal, life, accidental, death and dismemberment) you wish to continue during your disability period. If you are enrolled in HFSA, you may choose to continue or cancel coverage during CFRA.
5. **During Supplemental Family and Medical Leave (PPSM 2-210):** To maintain any of your benefits, you are responsible for sending the entire premium amount (UC and employee contributions) to the Benefits Accounting Unit in the Payroll Office. In the event that you are receiving Liberty Mutual temporary disability, the University may pay your Health contribution (not Vision and Dental) for up to 26 weeks.
6. **During Furlough:** You may continue coverage for up to four months after the month your furlough begins by arranging in advance to pay the monthly premium(s) directly to the Benefits Accounting Unit in the Payroll Office. You cannot receive disability benefits during your scheduled furlough. However, continuing your coverage will protect you if you are disabled during furlough and unable to return to work when scheduled.
7. **During Other Leaves:** To maintain any of your benefits, you are responsible for sending the entire premium amount (UC and employee contributions) to the Benefits Accounting Unit in the Payroll Office.
8. **During a Benefits Bridge:** To maintain any of your benefits, you are responsible for sending the entire premium amount (UC and employee contributions) to the Benefits Accounting Unit in the Payroll Office.
9. **Other Deductions:** If you have Parking or Recreational Sports payroll deductions, you must contact those offices directly in advance of your leave to prevent accumulated months of deductions from being taken from your paycheck upon your return to pay status. For information on Credit Union, Loan Programs, Auto/Homeowners Insurance, etc., contact the appropriate office directly.

**B. Health Flexible Spending Account (HFSA):**

Contributions stop when you go off pay status unless you are on an approved FMLA leave. Only eligible expenses incurred through the end of the pay period in which you made the last contribution are eligible for reimbursement, unless you continue participation under COBRA.

**C. DepCare Account:**

Contributions stop when you go off pay status. Eligible expenses incurred through the end of the pay period in which you made the last contribution are eligible for reimbursement. You must file your claim by the filing deadline of the following year; you forfeit funds left in your account after that date.

**D. Retirement and Retirement Savings Plans:**

In general, contributions stop with you last paycheck. For information contact FITSCo.

**Fidelity Retirement Services** <http://www.netbenefits.com/>

Retirement Savings Program Accounts

Phone: 1-866-682-7787

For further information about your benefits, contact CSS HR at 510-664-9000, opt. 3 or your Department Benefits Counselor. Payment of Premiums or Billing Inquires: Payroll – Benefits Accounting Unit at 642-1336 ext. 3 or [payhelp@berkeley.edu](mailto:payhelp@berkeley.edu).



### BENEFITS: REQUEST TO CONTINUE/CANCEL UNIVERSITY COVERAGE FORM

All employees going on a leave of absence, without pay who will miss one or more paychecks must complete this form to continue or cancel their benefits while on leave without pay.

<b>EMPLOYEE NAME:</b>	<b>EMPLOYEE #:</b>
<b>ADDRESS WHILE ON LEAVE:</b>	<b>TELEPHONE NUMBER WHILE ON LEAVE:</b>
	<b>EMAIL WHILE ON LEAVE:</b>
<b>DEPT/CONTACT:</b>	<b>DEPT PHONE NUMBER/ DEPT EMAIL :</b>

**TYPES OF LEAVE (CHECK ALL THAT APPLY):**                      **DATES OF LEAVE: FROM \_\_\_\_\_ TO \_\_\_\_\_**

04 PREGNANCY DISABILITY	09 WORKERS COMP	15 FAMILY MEDICAL LEAVE WITHOUT PAY
05 EXTENDED ILLNESS	10 FURLOUGH	16 FAMILY MEDICAL LEAVE WITH PAY
06 GOV'T/PUBLIC SERVICE	11 MILITARY	17 TEMPORARY LAYOFF
07 PROFESSIONAL DEV	12 SPECIAL RESEARCH	18 NSF BENEFITS BRIDGE
08 PERSONAL	13 ADMIN	99 OTHER EXTENDING LEAVE

**PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS:**

- I choose to **CANCEL** all of my UC benefits during my leave of absence. I understand that upon return from leave, I have a PIE (Period of Initial Eligibility) of 31 days to reenroll in the benefits that have lapsed and that if my leave is less than 120 days, I must reenroll in the same plans I had prior to my leave.
- I choose to **CONTINUE** the benefits checked below. I understand that upon return from leave, I have a PIE (Period of Initial Eligibility) of 31 days to reenroll in the benefits that have lapsed and that if my leave is less than 120 days, I must reenroll in the same plans I had prior to my leave.

**During approved Family and Medical Leave Act (FMLA) & California Family Rights Act (CFRA):** The University Contribution for Medical, Dental and Vision insurance coverage will be maintained during any leave covered by FMLA/CFRA (up to 12 work weeks). **You continue to be responsible for the payment of the employee portion of your benefit plan premiums. After your FMLA/CFRA period ends you must pay both the UC premium and your premium. Please verify with your department your dates of FMLA/CFRA eligibility.**

**During approved Pregnancy Disability Leave (PDL):** The University Contribution for Medical, Dental and Vision insurance coverage will be maintained during any leave covered by PDL (up to 4 months). **You continue to be responsible for the payment of the employee portion of your benefit plan premiums. After your PDL period ends you must pay both the UC premium and your premium. Please verify with your department your dates of PDL eligibility.**

Continue Plan?		PLAN NAME	UC PREMIUMS	EMPLOYEE PREMIUMS
YES	NO			
<input type="checkbox"/>	<input type="checkbox"/>	Medical Plan name: <b>Carrier</b> (See the enclosed "Disability Benefits" sheet pg. 4)	\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Dental Plan name: <b>Carrier</b> (if <b>not</b> approved for <b>FMLA</b> move cost to Employee column)	\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Vision Plan – <b>Carrier</b> (if <b>not</b> approved for <b>FMLA</b> move cost to Employee column)	\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Legal Plan	\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Life Insurance	\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Dependent Life Insurance	\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Accidental Death & Dismemberment	\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Voluntary Short-Term Disability (Furlough Only)		
<input type="checkbox"/>	<input type="checkbox"/>	Voluntary Long-Term Disability (Furlough Only)		
<b>TOTAL MONTHLY AMOUNT</b>			\$	\$

**MY PAYMENTS COVER THE MONTH(S) CHECKED:**

- JANUARY                       APRIL                                       JULY     OCTOBER
- FEBRUARY                       MAY     AUGUST     NOVEMBER
- MARCH                               JUNE     SEPTEMBER     DECEMBER

Enclosed is my check or money order in the amount of \$ \_\_\_\_\_ (make check payable to "UC Regents"). **CASH CANNOT BE ACCEPTED. I understand that if I am late with my premium payments my benefits will be cancelled and I will not be able to reenroll until I return to work.**

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PRIVACY NOTIFICATIONS

### STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting the information on this form is for payment of earnings and for miscellaneous payroll and personnel matters such as, but not limited to, withholding taxes, benefits administration, and changes in title and pay status. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory--failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for payroll and personnel administration and will be transmitted to the federal and state governments as required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The officials responsible for maintaining the information contained on this form are Office of the President and campus Academic and Staff Personnel Managers or campus Accounting Officers.

### FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. Disclosure of the Social Security number is required pursuant to sections 6011 and 6051 of Subtitle F of the Internal Revenue Code and with Regulation 4, Section 404.1256, Code of Federal Regulations under Section 218, Title II of the Social Security Act, as amended. The Social Security number issued to verify your identity. The principal uses of the number shall be to report (1) state and federal income taxes withheld, (2) Social Security contributions, (3) state unemployment and Workers' Compensation earnings, (4) earnings and contributions to participating retirement systems, and (5) as an identifier for your insurance carrier to verify your eligibility and to maintain claim records for you and your eligible family members.