

A family change is a personal event that warrants a review of employee benefits. This checklist explains how your benefits may be affected—and the actions you should take—for the following family changes:

- Marriage
- Establishing a domestic partnership
- Birth or adoption of a child, addition of a stepchild or legal ward to your family
- Adding an eligible grandchild or a same-sex domestic partner's child or grandchild
- Divorce, legal separation, annulment
- Ending a domestic partnership
- Child or grandchild's loss of eligibility for coverage
- Death of an eligible family member (other than the UC employee)

You may wish to go over this information with your Benefits Representative to be sure that you have taken all necessary actions.

Need Help?

General information, UC publications and forms and detailed plan booklets are available on At Your Service, UC's Human Resources website (atyourservice.ucop.edu); for your plan enrollments, select "Sign in to My Accounts," log on, and then select "Current Enrollments" under the "Health & Welfare" option.

You can also get answers to your questions, detailed plan booklets, forms, and UC publications from the person in your department who handles benefits and from your Benefits Office.

Family Changes

Benefits Checklist

Family Member Eligibility

Your family members may be covered under your UC-sponsored health and welfare plans as long as they meet UC eligibility requirements.

General eligibility rules and current benefits rates for the UC-sponsored plans may be found on the UC Human Resources website (atyourservice.ucop.edu) or from the person in your department who handles benefits.

When Eligibility Begins: You can enroll your family members in UC-sponsored benefits during their period of initial eligibility (PIE—see page 3), which begins as follows:

- **For your new spouse:** on the day you marry.
- **For your domestic partner and/or domestic partner's child or grandchild:** on the day he, she, or they meet all of the eligibility requirements. Note that in order to enroll a domestic partner's child or grandchild, the partner must also meet UC's eligibility requirements—even if he or she will not be enrolled.
- **For your newborn child:** on the child's date of birth.
- **For your adopted child:** the earlier of the day the child is placed for adoption with you or the date you or your spouse or domestic partner have the legal right to control the child's health care. Or, if you did not already enroll the child, when the adoption is final.

- **For your stepchild, grandchild, or legal ward:** on the day the child meets all of the UC eligibility requirements.

You may also be able to change medical plans and coverage elections for other plans. See page 2 for details.

You may experience more than one family change at the same time—for example, you may marry and move out of a plan service area. Concurrent family changes may broaden your benefit options. See "Enrolling Eligible Family Members," below.

Enrolling Eligible Family Members

Enrollment Transactions: When a family change occurs, you are responsible for completing the enrollment transactions explained in the chart on page 2. Contact the person in your department who handles benefits or your local Benefits Office.

For most benefits, you have a new PIE (see page 3). You must complete your enrollment transactions no later than the last day of the PIE. If you miss the new PIE, the medical plans allow you to enroll with a 90-day waiting period or during Open Enrollment (usually held during November with coverage effective January 1 of the following year). Other plans may require that you submit a statement of health to the insurance carrier, and doing so is no guarantee that you will be accepted. To be sure you get the coverage you want, enroll during your new PIE.

(continued on page 3)

When a Family Member Becomes Eligible...

Benefit Plan	New PIE	What Can I Do?
Health and Welfare Plans		
Medical Dental Vision	YES	If you are enrolled, your newly eligible family member may be added to your current plans. You also may change to a different medical plan for which you are eligible at the time you enroll your newly eligible family members. See “Primary Care Physician/Dentist” on page 4. If not enrolled, you and your eligible family members may enroll during your PIE. If you miss your PIE, you and your eligible family members may enroll in a medical plan now with a 90-day delay (see “Enrolling Eligible Family Members” on page 1).
Legal	YES	If you are enrolled, you may add newly eligible family members to your plan during your new PIE.
Basic Life Short-Term Disability Supplemental Disability (for employee only)	N/A	You may not change this benefit.
Supplemental Life	YES	You may enroll for the first time or increase your coverage. You may decrease or cancel this coverage at any time. See “Beneficiary Designations” on page 4.
Basic Dependent Life Expanded Dependent Life	YES	You may purchase one of these coverage options for your new spouse, domestic partner and/or child(ren). Your dependents may not be enrolled under both dependent life insurance plans. See <i>Your Group Insurance Plans</i> for plan details, current rates, and other restrictions which may apply.
Accidental Death & Dismemberment (AD&D)	N/A	If you are enrolled in family or modified family coverage, your newly eligible child is automatically covered. If you have single-party coverage, you may add your eligible family members at any time. If you do not have AD&D coverage, you may purchase it for yourself, your spouse or domestic partner and/or child(ren) at any time.
Other Benefits		
Dependent Care Flexible Spending Account (DepCare FSA) Health Flexible Spending Account (Health FSA)	YES	Because of, and consistent with, your family change, you may be allowed to enroll in, de-enroll from or change your flexible spending account(s) during your new PIE as allowed by IRS rules. See the <i>DepCare FSA Summary Plan Description</i> or <i>Health FSA Summary Plan Description</i> for more details. Family members must meet IRS eligibility rules.
Tax Savings on Insurance Premiums (TIP)	YES	Your salary reduction amount will adjust automatically if your monthly health plan cost increases due to the addition of a family member who is eligible to participate in TIP. You must pay the employee monthly cost of health coverage for family members not eligible for TIP on an after-tax basis. See the <i>TIP Summary Plan Description</i> for more details.
Automobile and Homeowner/ Renter	N/A	Licensed drivers in your household and personal property of insured family members who live in your household are eligible to be covered. All eligible family members and their personal property must meet the insurance carrier’s underwriting guidelines. You are responsible for enrolling newly eligible family members. You may add or delete family members or change your coverage at any time by contacting the insurance carrier directly.
UC Retirement Plan and Retirement Savings Program		
University of California Retirement Plan, DC Plan, 403(b) Plan, 457(b) Plan	N/A	The addition of an eligible family member has no effect on your participation in these plans. See “Beneficiary Designations” on page 4. See page 5 for information on Qualified Domestic Relations Orders (QDROs).

When Coverage Begins	How to Enroll
If you enroll during your PIE, on the day your family member becomes eligible. If you change your medical plan, the change is effective the first of the following month. If you miss your PIE, coverage for medical begins 90 days after your completed enrollment form is received.	Use form UPAY 850, available online or from your local Benefits Office
On the day your family member becomes eligible.	Use UPAY 850, available online or from your local Benefits Office
N/A	N/A
On the first day of your new PIE	Use UPAY 850, available online or from your local Benefits Office
On the first day of your new PIE unless your eligible family member is hospitalized on that day; then coverage starts the day after release from the hospital. (This does not apply to newborn or adopted children.) Newborn children are covered when they are 24 hours old.	Use UPAY 850, available online or from your local Benefits Office
On the day you enroll your family member unless the family member is hospitalized on that day. Then coverage starts the day after release from the hospital. (This does not apply to newborn or adopted children.) Newborn children are covered from the date of birth.	Use UPAY 850, available online or from your local Benefits Office
The first of the following month, subject to payroll deadlines.	Submit form UPAY 850, available online or from your local Benefits Office
With your first paycheck	Enrollment is automatic
On the day you enroll	Contact the insurance carrier directly
N/A	N/A

If you decline enrollment for yourself or your eligible family members because you have other health insurance coverage and later lose that coverage involuntarily, you will be able to enroll yourself or your eligible family members in a plan for which you are eligible provided that you enroll within 31 days after your other coverage ends.

If You Need Services Right Away: Although you and your eligible family members are covered immediately when you become eligible, please note that it may take up to 60 days for the insurance carriers to have a record of your enrollment. Contact your local Benefits Office if services are denied during this period.

UC makes every effort to ensure your benefits transactions are recorded accurately, but you should review your payroll documents carefully to be sure they match your benefits choices. It is your responsibility to promptly notify your Benefits or Payroll Office of any errors.

Period of Initial Eligibility (PIE)

This is a time during which you and/or your eligible family members may enroll in UC-sponsored plans. For a family change, the PIE starts on the first day of eligibility (for example, the day you marry or the birth date of your newborn child). It ends 31 days later, or, if the 31st day falls on a weekend, the next work day for paper enrollments. UC defines a working day as a normal business day—Monday through Friday, excluding holidays—for your Benefits or Payroll Office.

Involuntary Loss of Other Group

Insurance Coverage: If you and/or an eligible family member lose non-UC group or individual coverage involuntarily, you may have a new PIE to enroll in a UC-sponsored medical, dental, vision, and/or legal plan. You must furnish proof certifying that other group coverage was lost and enroll within 31 days of losing coverage. Your PIE is extended to 60 days when you have an involuntary loss of coverage from Medicaid or State Children's Health Insurance Program (CHIP).

Things to Think About

Personal Information: Family changes are often accompanied by other personal changes. This is a good time to confirm that your address, phone number, direct deposit account number, beneficiary designations, and other personal information are recorded correctly with your Benefits and Payroll Offices. You can make changes online, on the At Your Service website (atyourservice.ucop.edu) after signing into your account.

Primary Care Physician/Dentist:

A family change is a good time to review your choice of providers. If you are enrolled in Anthem Blue Cross PLUS or an HMO, you must choose a primary care physician for each family member. If you are enrolled in the DeltaCare® USA dental plan, you must receive services through a designated DeltaCare® USA dentist. If you are enrolling a newly eligible family member in one of these plans, be sure to select a physician and/or dentist for that family member. If you need to change a provider, you must contact the medical plan or DeltaCare® USA directly to arrange a transfer.

Moving Out of or Returning to a Plan Service Area:

If you will be out of the plan's service area for more than two months, your plan may require you to de-enroll. In these situations, you must transfer to a UC-sponsored medical plan that provides service in your new location within 31 days of the date you leave the service area. You can find the medical plans available in your new ZIP code by viewing the "Medical Plan Chooser" on the At Your Service website (atyourservice.ucop.edu) under "Health and Welfare Benefits."

If you are enrolled in the DeltaCare® USA dental plan and you will be out of the plan's service area for more than two months, you may transfer to the Delta Dental PPO, which provides worldwide coverage. You must transfer within 31 days of the date you leave the DeltaCare® USA service area.

You and/or your eligible family members may also need to select other primary care physician(s) or a DeltaCare® USA dentist when you move. Contact your local Benefits Office to transfer plans and your medical carrier or DeltaCare® USA to change providers.

If you later return to your previous medical or dental plan service area, you may transfer back to your previous plan within 31 days of your return to the plan's service area. You and/or your eligible family members may also need to select a primary care physician(s) or a DeltaCare® USA dentist. Contact your Benefits Office to transfer plans and your medical carrier or Delta Dental to change providers.

Beneficiary Designations

A family change is a good time to review the person(s) you have named to receive benefits from your UC-sponsored plans in the event of your death. Changes in your family situation do not automatically alter or revoke your previous designations. Prior designations remain valid until you complete a new designation form. Please note that a will does not supersede a beneficiary designation. You may name or change beneficiaries at any time online (for UCRP and Capital Accumulation Payment (CAP) by signing into your account on the At Your Service website (atyourservice.ucop.edu); for Retirement Savings Program accounts at netbenefits.com).

De-enrolling Ineligible Family Members

When a family change results in a family member losing eligibility, you must de-enroll that family member from your UC-sponsored plans. You are also required to de-enroll a deceased family member (contact your Benefits Office for assistance). All family members who remain eligible may stay enrolled in your benefit plans.

Health Insurance: UC automatically de-enrolls your family members from UC-sponsored health plans on the first of the month following the month when

- your child reaches age 26;
- your legal ward reaches age 18; or
- your adult dependent relative (enrolled before 1/1/04) reaches age 65 (unless you provide proof that

your adult dependent relative is not eligible for Medicare Part A).

If your child is disabled, he or she may be eligible to continue coverage after age 26 as a disabled child. To avoid losing coverage, be sure to contact your Benefits Office for procedures to change your child's enrollment category two to three months before his or her 26th birthday.

You must de-enroll your former spouse, legally separated spouse or annulled spouse. If you are required by legal decree to maintain health coverage for your former spouse or any other ineligible family member, you must make private arrangements for such coverage (see "Health and Welfare Plan Continuation and Conversion").

Legal, AD&D, Life: You are responsible for de-enrolling ineligible family members who are enrolled in the legal plan, AD&D, or dependent life insurance.

Dependent Care and Health Flexible Spending Accounts (DepCare FSA, Health FSA): Because of the family change, you may have a new PIE during which you may enroll, de-enroll, or change your DepCare and/or Health FSA contribution as allowed by IRS rules. See the DepCare and/or Health FSA summary plan description for more details.

Tax Savings on Insurance Premiums: If your family change decreases your employee monthly cost for health coverage, your salary reduction amount will adjust automatically.

Automobile and Homeowner/Renter Insurance: You must contact the insurance carrier directly to de-enroll a deceased family member or family members who lose eligibility. You may add or delete family members or change your coverage at any time.

When Coverage Ends: When your family member loses eligibility, coverage will end on the last day of the month in which the family change

Health and Welfare Plan Continuation and Conversion

Below are options for continuation and conversion of coverage for family members who lose eligibility for UC-sponsored coverage. Note that these options are generally more costly. Conversion policies may also provide fewer benefits than UC's group plan. For more details on all of these options, see the UC HR website (atyourservice.ucop.edu) or your benefit plan booklets.

COBRA and CalCOBRA Continuation: If you are enrolled in medical, wellness, dental, or vision, once your continuation through UC is over and if you do not return to UC employment, you and/or your eligible family members may be eligible to continue UC-sponsored group health coverage, as well as eligibility for your location's Employee Assistance Program, under COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) and CalCOBRA. If you are enrolled in the Health Flexible Spending Account (Health FSA), you may continue your participation under COBRA, but only through the end of the current plan year (December 31) by making after-tax payments to your account. You have 60 days from the date you receive notice of your continuation rights to apply for COBRA continuation.

Conversion: If you are enrolled in medical, life (including Basic, Supplemental, Basic Dependent, Expanded Dependent, and Senior Management), AD&D, or legal and you apply within 31 days after UC-sponsored coverage ends, you can convert your group insurance coverage to individual policies without the need for individual underwriting by the insurance plan. For medical coverage, you have 31 days after your UC-sponsored or COBRA continuation coverage ends to apply for conversion.

Portability: If you are enrolled in Supplemental Life insurance, and you apply within 31 days after your UC-sponsored coverage ends, you may be eligible for the Prudential Portability benefit which allows you to purchase a Prudential group term-life policy for similar amounts carried in Supplemental Life, Basic Dependent Life, or Expanded Dependent Life.

occurs, regardless of when you complete the de-enrollment transaction.

Qualified Domestic Relations Orders (QDROs): Generally, University of California Retirement System (UCRS) accumulations and benefits are payable to you or your beneficiaries; they cannot be attached by creditors, nor can benefits be assigned to others. The benefits are intended solely for your security and welfare and that of your beneficiaries. However, state laws recognize an exception to this rule in the case of Qualified Domestic Relations Orders (QDROs).

You, your spouse/former spouse, and your respective attorneys or other authorized legal representatives

have the right to obtain information about your benefits and how they are determined. Requests for additional information on QDROs and how they relate to your retirement benefits may be obtained from UC HR—Special Claims Administration.

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 (1-800-888-8267). 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 employees, retirees, 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. The University also reserves the right to determine new premiums, employer contributions and monthly costs at any time. Health and welfare benefits are not accrued or vested benefit entitlements. UC's contribution toward the monthly cost of the coverage is determined by UC and may change or stop altogether, and may be affected by the state of California's annual budget appropriation. If you belong to an exclusively represented bargaining unit, some of your benefits may differ from the ones described here. Contact your Human Resources Office for more information.

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provides for continued coverage for a certain period of time at applicable monthly COBRA rates if you, your spouse, or your dependents lose group medical, dental, or vision coverage because you terminate employment (for reasons other than gross misconduct); your work hours are reduced below the eligible status for these benefits; you die, divorce, or are legally separated; or a child ceases to be an eligible dependent. Note: The continuation period is calculated from the earliest of these qualifying events and runs concurrently with any other UC options for continued coverage. See your Benefits Representative for more information.

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