



BENEFITS: REQUEST TO CONTINUE/CANCEL UNIVERSITY COVERAGE INSTRUCTIONS

ALL faculty and staff going on a leave of absence **without pay** who will miss one or more paychecks must complete this form and choose to either continue or cancel their health and welfare benefits while on leave without pay or during a benefits bridge period.

I. Cancel Coverage

To **cancel** your benefits during leave without pay, complete, sign and return this form to: **Payroll – Benefits Accounting Unit, University of California, 171 University Hall, Berkeley, CA 94720-1104.**

Please note, upon return from leave, you have a PIE (Period of Initial Eligibility) of 31 days to reenroll in benefits that have lapsed during your leave without pay. If your leave is less than 120 days, enrollment is limited to the specific plans in effect and family members listed when the leave started. However, you may add family members who became eligible during the leave without pay (e.g. newborn child). If your leave was longer than 120 days, you are treated as a newly eligible employee and may enroll in the plans of your choice.

II. Continue Coverage

To **continue** your benefits during leave without pay, you must complete, sign and return this form with appropriate 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.) **Return the form and payment to: Payroll – Benefits Accounting Unit, University of California, 171 University Hall, Berkeley, CA 94720-1104 within 30 days of the due date or coverage cancelled the end of the last month premiums.**

Please note, upon return from leave, you have a PIE (Period of Initial Eligibility) of 31 days to reenroll in benefits that have lapsed during your leave without pay. If your leave is less than 120 days, enrollment is limited to the specific plans in effect and family members listed when the leave started. However, you may add family members who became eligible during the leave without pay (e.g. newborn child). If your leave was longer than 120 days, you are treated as a newly eligible employee and may enroll yourself and any eligible dependents in the plans of your choice.

General Information:

Premiums:

Your monthly premium amounts can be found on: 1) your paycheck stub or Direct Deposit 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 the Payroll – Benefits Accounting Unit at 642-1336 ext. 6 or payhelp@berkeley.edu.

Benefits Coverage While on Leave:

What happens with each of your benefits during a leave is detailed in the applicable Benefits checklist, available online at: http://atyourservice.ucop.edu/forms_pubs/categorical/checklists_factsheets.html or from your Department Benefits Counselor. Highlights are listed below:

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 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 HCRA, you may choose to continue or cancel coverage during FMLA.

3. **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.
4. **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.
5. **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.
6. **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. Flexible Spending Account (FSA):

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

[Fidelity Retirement Services](#)

Retirement Savings Program Accounts

Phone: 1-866-682-7787

For further information about your benefits, contact your Department Benefits Counselor or the HR Benefits Office, 642-7053.

Payment of Premiums or Billing Inquires: Payroll – Benefits Accounting Unit at 642-1336 ext. 6 or payhelp@berkeley.edu.

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.



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.

EMPLOYEE NAME	EMPLOYEE #
HOME ADDRESS	HOME PHONE
	EMAIL
DEPT/CONTACT	DEPT PHONE NUMBER/ DEPT EMAIL

DATES OF LEAVE: FROM _____ TO _____

TYPES OF LEAVE (CHECK ALL THAT APPLY):

<input type="checkbox"/> 04 PREGNANCY DISABILITY	<input type="checkbox"/> 09 WORKERS COMP	<input type="checkbox"/> 15 FAMILY MEDICAL LEAVE WITHOUT PAY
<input type="checkbox"/> 05 EXTENDED ILLNESS	<input type="checkbox"/> 10 FURLOUGH	<input type="checkbox"/> 16 FAMILY MEDICAL LEAVE WITH PAY
<input type="checkbox"/> 06 GOV'T/PUBLIC SERVICE	<input type="checkbox"/> 11 MILITARY	<input type="checkbox"/> 17 TEMPORARY LAYOFF
<input type="checkbox"/> 07 PROFESSIONAL DEV	<input type="checkbox"/> 12 SPECIAL RESEARCH	<input type="checkbox"/> 18 NSF BENEFITS BRIDGE
<input type="checkbox"/> 08 PERSONAL	<input type="checkbox"/> 13 ADMIN	<input type="checkbox"/> 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 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). **You continue to be responsible for the payment of the employee portion of your benefit plan premiums. After your FMLA period ends you must pay both the UC premium and your premium. Please verify with your department your dates of FMLA eligibility.**

Continue Plan?		Plan Name	UC Premiums	Employee Premiums
Yes	No			
<input type="checkbox"/>	<input type="checkbox"/>	Medical Plan name	\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Dental Plan name	\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Vision Plan	\$	\$
<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"/>	Supplemental Disability <i>(Furlough Only)</i>		
TOTAL MONTHLY AMOUNT			\$	\$

My payments cover the month(s) checked:

- | | | | |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> JANUARY | <input type="checkbox"/> APRIL | <input type="checkbox"/> JULY | <input type="checkbox"/> OCTOBER |
| <input type="checkbox"/> FEBRUARY | <input type="checkbox"/> MAY | <input type="checkbox"/> AUGUST | <input type="checkbox"/> NOVEMBER |
| <input type="checkbox"/> MARCH | <input type="checkbox"/> JUNE | <input type="checkbox"/> SEPTEMBER | <input type="checkbox"/> DECEMBER |

Enclosed is my check or money order in the amount of \$_____ (make check payable to "UC Regents"). **CASH CANNOT BE ACCEPTED.**

30 DAYS LATE DISCLAIMER: I UNDERSTAND THAT BENEFITS WILL BE CANCELLED.

Initial Here

EMPLOYEE SIGNATURE

DATE