ENROLLING IN UC BENEFITS - USING THE UPAY 850 FORM

Section 1
Personal Info
- Fill out all requested information
- If you do not have a Social Security Number (SSN) make a note in the "comments" and go to the Social Security Administration website to learn how to obtain one
- As soon as you obtain your SSN card (and family members) submit a new form with the numbers

Section 2
Employee Actions
- Select the reason for submitting the UPAY 850- this will be a qualifying event that creates a Period of Initial Eligibility (PIE) for 31 days
- All qualifying events are listed- check one that applies
- Use the comments box if needed

Section 2A
Opt Out
- If you have other coverage and wish to decline UC Medical, Dental & Vision, check off the boxes for the coverage you will decline.
- Otherwise, you will default into CORE medical, Delta and VSP benefits (family members will not be covered)
- Duplicate UC Insurance coverage is not allowed- see page 3 of Your Group Insurance Plans

Section 3
Medical, Dental, Vision, Legal
- This section is to enroll, change or cancel benefit plans for yourself only (use Section 5 for family members)
- If you cancel coverage for yourself, your enrolled family members will also be de-enrolled

Section 4
Other Insurance Plans
- Enrollment in Supplemental Disability. Life and Dependent Life Insurance does not require a Statement of Health when you are initially hired
- Enrollment in Supplemental Disability & Supplemental Life at later time requires a Statement of Health acceptable to insurance carriers. Denial is possible
- You can enroll in Accidental Death & Dismemberment anytime

Section 5
Eligible Family Members
- Enter adult & child information for those that are eligible for benefits- complete all boxes
- Indicate coverage desired for each family member listed by checking the boxes for Med-Dent-Vis-Legal
- Indicate Primary Care Physician for all medical plans (except Kaiser & Anthem Blue Cross PPO) for each family member
- Primary Care Physician will be assigned by carrier if not selected