

2009 UCSC INSURANCE CONTINUATION INSTRUCTIONS
FOR EMPLOYEES ON LEAVE WITHOUT PAY (LWOP)

When you are on leave without pay, you must take action in order to continue or cancel your University insurance. You must complete and return the attached Insurance Continuation Form, with payment for your portion of any premium(s) owed.

INSTRUCTIONS FOR COMPLETING THE ELECTION FORM

Print or type your name, ID number, home address, home phone number and unit name on the appropriate lines. Fill in the dates of your leave without pay. *If you do not know these dates, call your HR Service Team or the Academic Coordinator at your divisional HR office, as appropriate.* Write in the names of your current medical and dental plans. Indicate whether or not you wish to continue coverage while you are on leave without pay for *each* of your current insurance plans. If you are enrolled in Health Net, Kaiser or Anthem Blue Cross Plus, and will be leaving their service area for two or more months, you may be eligible to change your medical insurance coverage while you are away. Please contact the campus Benefits Office at (831) 459-2013 for more information.

If you wish to continue the coverage: Mark "Continue" and write in the monthly premium you will be paying. The premium will be the total of the University contribution and the employee deduction as reflected on your on-line or paper earnings statement, unless you are eligible for Special Medical Coverage (explained below). The monthly premiums for medical, dental and vision are also listed on the rate sheet following these instructions. For all other plans, write in your payroll deduction amount, which can be found on your most recent earnings statement. You may view your on-line earnings statement by signing in to your account at: <http://atyourservice.ucop.edu>. If you wish to pay in a lump sum, write in the total premium you will owe for your entire leave without pay.

If you do not want to continue coverage, mark "Cancel". **It is very important that you indicate either continue or cancel for each of your insurance plans. If you do not indicate whether coverage for one of your plans should be continued or cancelled, the plan will be subject to cancellation. All employees going on a leave without pay, regardless of the type of leave, are required to complete the Insurance Continuation Form indicating whether they desire to cancel or continue coverage.** *Failure to return the form may result in gross premiums deducting from pay upon return from leave.*

HEALTH FSA and DEPCARE FSA—Re-enrollment required upon return from leave

If you are enrolled in the Health FSA and not eligible for FMLA, or if you are enrolled in DepCare, your coverage will end automatically. If you wish to reenroll upon your return, you must do so within 31 days of your return from leave. Contact the Benefits Office for form UPAY 919. Please refer to the Summary Plan Descriptions for each of these plans for more details about the impact of your leave on these plans.

SPECIAL MEDICAL COVERAGE - In order to receive these special University contributions, you must complete and return the election form.

- **Short Term Disability Benefits:** The University will continue to make contributions to medical insurance for up to six months during a LWOP if you are receiving Short Term Disability (STD) benefits through Liberty Mutual. If you will not remain on pay status during the entire waiting period you may be required to pay the full medical plan premium for the period that you do not receive pay. If your disability benefits cease, and you continue to be on LWOP, you may continue your medical insurance by paying the full premium. Contact your disability counselor for more information.

If you are eligible for special *medical* coverage because of receipt of Short Term Disability benefits, you should write in and pay the *employee* deduction amount.

- **Family Medical Leave Act (FMLA):** Under FMLA, the University will continue to make contributions to medical, dental and optical insurance for up to 12 workweeks in a 12 month period. If your FMLA benefits cease and you continue to be on LWOP, you may continue your medical, dental and optical coverage by paying the full premium. If you are concurrently receiving Short Term Disability benefits, you may be eligible to continue to receive the University contribution for medical insurance only for the duration of your LWOP to a maximum of six months. Contact your HR Team or academic coordinator for eligibility information.

If you are eligible for special medical coverage because of receipt of FMLA benefits, you should write in and pay the *employee* deduction amount.

If you are enrolled in the Health FSA and are eligible for FMLA, you should also complete a *DepCareFSA/Health FSA/TIP Enrollment, Change or Cancellation Form* (UPAY 919) prior to the start of your FMLA leave. This form allows you to cancel or continue your Health FSA coverage during the portion of your leave covered by FMLA. See the Summary Plan Description or call the Benefits Office for more information.

(continued next page)

- **Workers' Compensation Temporary Disability Benefits:** If you are receiving Temporary Disability benefits through Workers' Compensation and are on a LWOP, the University pays your entire medical plan premium from a Contingency Fund. In this situation, you should write 'contingency fund' in the premium column. If your temporary disability benefits cease, and you continue to be on a LWOP, you may continue your medical insurance by paying the full premium.

PREMIUM PAYMENT

You will owe a premium for each month you will not receive a paycheck. You may pay the premiums for the entire leave in a lump sum or on a monthly basis. To ensure continued coverage, your Insurance Continuation Election form and first payment should be received in the *Campus Payroll Office* by the 10th of the month following the beginning of your LWOP. For example, if your leave begins on June 15, Payroll should receive your payment by July 10th. If you elect to make payments on a monthly basis, it is your responsibility to ensure your payments reach Payroll by the 10th of each subsequent month. **If a payment has not been received by the 10th, coverage will be subject to cancellation. All employees on LWOP are required to complete the Insurance Continuation Form.** Note: premiums are adjusted at the beginning of each calendar year. If your leave will extend beyond the end of the calendar year, you should contact the Benefits Office in November to obtain a new rate sheet.

IF COVERAGE IS CANCELLED

If coverage is cancelled, **you will need to reenroll** if you wish to reinstate coverage upon return from your LWOP. It is your responsibility to contact the Benefits Office upon return from leave to initiate re-enrollment. Your eligibility period for reenrollment ends on the last working day of the 31 day period following your return from leave. As long as the Benefits Office receives your enrollment forms before the end of this period, your coverage will be effective retroactive to the date you return from leave.

If coverage is cancelled, **coverage will end on the last day of the month for which a premium has been paid.** Medical, dental, optical, legal, Supplemental Life, Basic and Expanded Dependent Life, and AD&D premiums are paid in advance. For example, if you choose to cancel these coverages and you receive a paycheck on July 1, you will be covered through the end of July.

BASIC LIFE CONVERSION

Coverage continues automatically for up to four calendar months. If your leave lasts longer than the allotted continuation period, you may convert within 31 days to an individual plan. Please contact the campus Benefits Office for information.

OTHER DEDUCTIONS

For information on other payroll deduction items such as Credit Union, Auto/Home Insurance, etc., contact the appropriate vendor or office directly. If you have a 403(b) loan, you must contact Fidelity Retirement Services at 1-866-682-7787 to make arrangements for repayment of the loan while off pay status. If you do not take action, the outstanding amount may be reported as a taxable distribution. It may also be subject to federal and state early distribution penalties.

Certain leaves of absence that are related to an employee's University position, such as sabbatical leave of less than 50% or leave to work under a professional grant or fellowship, allow for the continuation of Supplemental Disability coverage. Application for continuation of this coverage must be made directly to Liberty Mutual in **advance** of the beginning of the leave. For more information, please contact the campus Benefits Office.

IF YOU DO NOT RETURN THE INSURANCE CONTINUATION FORM, your insurance is subject to cancellation. If coverage is cancelled, you will need to re-enroll if you wish to reinstate coverage upon return from LWOP. It is your responsibility to contact the campus Benefits Office upon return from leave to initiate re-enrollment.

COBRA

The Consolidated Omnibus Reconciliation Act of 1985 (COBRA) requires the University of California to offer continuation of University sponsored medical, dental and optical insurance to qualified employees and family members enrolled in the plans at the time of certain qualifying events, such as a leave without pay. Except for approved FMLA leaves, the COBRA continuation period runs concurrently with, and not in addition to, any University continuation provisions. (For approved FMLA leaves, the COBRA continuation period begins when FMLA ends.) If you terminate employment at the end of the leave period, you may continue coverage for the remainder of the COBRA period by paying the entire premium plus 2% directly to the insurance provider. If you do not continue your insurance during a leave period, you will not be eligible for continued coverage under COBRA at the time of termination. If you wish to request a COBRA Continuation form or need assistance, please call the Benefits Office at (831) 459-2013.

Increased employee contributions for 2009 will not become effective for employees in the Nurses Unit (NX), Research Support Professionals (RX), and Technical Unit (TX) bargaining units until the University and their unions' representatives reach agreement or until otherwise implemented in accordance with the requirements of HEERA. Rates are subject to revision upon conclusion of union negotiations.

2009 BENEFITS RATES FOR EMPLOYEES ON LEAVE WITHOUT PAY

Increased employee contributions for 2009 will not become effective for employees in the Nurses Unit (NX), Research Support Professionals (RX), and Technical Unit (TX) bargaining units until the University and their unions' representatives reach agreement or until otherwise implemented in accordance with the requirements of HEERA. Rates are subject to revision upon conclusion of union negotiations..

Please refer to your earning statement for appropriate contribution amount. Your 2009 MCB (Medical Contribution Base) is based on your January 2008 full-time equivalent salary, even if you work part-time or your salary changed after that date.

If your MCB is **\$46,000 and under:**

Plan		Employee Only	Employee & Child(ren)	Employee & Adult	Family
Health Net	Employee	\$17.73	\$31.90	\$72.91	\$87.10
	Total	\$431.92	\$777.46	\$907.03	\$1,252.57
Kaiser	Employee	\$6.06	\$10.29	\$10.99	\$15.48
	Total	\$400.43	\$720.78	\$840.90	\$1,161.25
CIGNA Choice Fund	Employee	\$29.07	\$52.31	\$96.72	\$119.99
	Total	\$443.26	\$797.87	\$930.84	\$1,285.46
Anthem Blue Cross PLUS	Employee	\$31.07	\$55.91	\$100.92	\$125.79
	Total	\$445.26	\$801.47	\$935.04	\$1,291.26
Anthem Blue Cross PPO	Employee	\$27.31	\$49.14	\$93.03	\$114.88
	Total	\$441.50	\$794.70	\$927.15	\$1,280.35
Core	Employee	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$50.00	\$90.00	\$106.00	\$146.00

If your MCB is **\$46,001 to \$92,000:**

Plan		Employee Only	Employee & Child(ren)	Employee & Adult	Family
Health Net	Employee	\$45.36	\$81.64	\$136.16	\$172.45
	Total	\$431.92	\$777.46	\$907.03	\$1,252.57
Kaiser	Employee	\$33.90	\$60.41	\$74.72	\$101.48
	Total	\$400.43	\$720.78	\$840.90	\$1,161.25
CIGNA Choice Fund	Employee	\$56.70	\$102.05	\$159.97	\$205.34
	Total	\$443.26	\$797.87	\$930.84	\$1,285.46
Anthem Blue Cross PLUS	Employee	\$58.70	\$105.65	\$164.17	\$211.14
	Total	\$445.26	\$801.47	\$935.04	\$1,291.26
Anthem Blue Cross PPO	Employee	\$54.94	\$98.99	\$156.28	\$200.23
	Total	\$441.50	\$794.70	\$927.15	\$1,280.35
Core	Employee	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$50.00	\$90.00	\$106.00	\$146.00

If your MCB is **\$92,001 to \$137,000:**

Plan		Employee Only	Employee & Child(ren)	Employee & Adult	Family
Health Net	Employee	\$73.54	\$132.37	\$192.36	\$251.19
	Total	\$431.92	\$777.46	\$907.03	\$1,252.57
Kaiser	Employee	\$62.33	\$111.59	\$131.41	\$180.91
	Total	\$400.43	\$720.78	\$840.90	\$1,161.25
CIGNA Choice Fund	Employee	\$84.88	\$152.78	\$216.17	\$284.08
	Total	\$443.26	\$797.87	\$930.84	\$1,285.46
Anthem Blue Cross PLUS	Employee	\$86.88	\$156.38	\$220.37	\$289.88
	Total	\$445.26	\$801.47	\$935.04	\$1,291.26
Anthem Blue Cross PPO	Employee	\$83.12	\$149.61	\$212.48	\$278.97
	Total	\$441.50	\$794.70	\$927.15	\$1,280.35
Core	Employee	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$50.00	\$90.00	\$106.00	\$146.00

If your MCB is **over \$137,000:**

Plan		Employee Only	Employee & Child(ren)	Employee & Adult	Family
Health Net	Employee	\$103.28	\$185.90	\$251.48	\$334.10
	Total	\$431.92	\$777.46	\$907.03	\$1,252.57
Kaiser	Employee	\$92.85	\$166.52	\$192.08	\$265.99
	Total	\$400.43	\$720.78	\$840.90	\$1,161.25
CIGNA Choice Fund	Employee	\$114.62	\$206.31	\$275.29	\$366.99
	Total	\$443.26	\$797.87	\$930.84	\$1,285.46
Anthem Blue Cross PLUS	Employee	\$116.62	\$209.91	\$279.49	\$372.79
	Total	\$445.26	\$801.47	\$935.04	\$1,291.26
Anthem Blue Cross PPO	Employee	\$112.86	\$203.14	\$271.60	\$361.88
	Total	\$441.50	\$794.70	\$927.15	\$1,280.35
Core	Employee	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$50.00	\$90.00	\$106.00	\$146.00

OTHER PLANS:

Plan		Emp. Only	Emp. & Child(ren)	Emp. & Adult	Family
Delta Dental PPO	Total	\$41.49	\$84.71	\$77.94	\$138.69
DeltaCare (PMI)	Total	\$20.50	\$35.33	\$35.18	\$50.02
Vision Service Plan	Total	\$13.45	\$13.45	\$13.45	\$13.45
ARAG Legal	Total	\$10.02	\$13.78	\$13.78	\$15.03

**2009 UCSC INSURANCE CONTINUATION FORM
FOR EMPLOYEES ON LEAVE WITHOUT PAY (LWOP)**

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Important Notice - failure to return this form on time may result in a loss of coverage.

Participants in Health FSA and/or DepCare FSA plans—Please contact Benefits Office at the **beginning** of your leave period for information on the impact of your leave on your FSA participation. (UCSC Benefits Office 831-459-2013)

When you are on leave without pay, you must take immediate action in order to continue or cancel your University insurance. You should complete this form, indicating the action you wish taken for each plan, and return form no later than the 10th of the month following the first day of your leave without pay to:

UCSC PAYROLL OFFICE, 1156 HIGH STREET, SANTA CRUZ, CA 95064

Please read the instructions for important information regarding your insurance plans and instructions on how to complete this form. Please make a copy of this form for your records. If you do not list a particular insurance plan and/or indicate whether it should be continued or cancelled, **the plan will be subject to cancellation***. If you cannot remember which insurance plans you have, you may view them on-line at: <http://atyourservice.ucop.edu>.

UCSC ELECTION TO CONTINUE/CANCEL INSURANCE PLANS

Name: _____ ID#: _____

E-mail Address: _____

Home Address: _____

Home Phone: _____ Unit: _____

Period of Leave without Pay: From: _____ to _____

Check any that apply: LWOP: _____ FMLA: _____ Workers' Compensation: _____

Insurance Plan	Continue	-OR-	Cancel*	Monthly Premium	Total Premium (Lump Sum)	Payroll Use
Medical: _____	()		()	\$ _____	\$ _____	_____
Dental: _____	()		()	\$ _____	\$ _____	_____
Vision Service Plan	()		()	\$ _____	\$ _____	_____
ARAG Legal	()		()	\$ _____	\$ _____	_____
Supplemental Life	()		()	\$ _____	\$ _____	_____
Basic Dependent Life	()		()	\$ _____	\$ _____	_____
Expanded Dependent Life	()		()	\$ _____	\$ _____	_____
AD&D	()		()	\$ _____	\$ _____	_____

Enclosed is my check/money order in the amount of \$ _____ (monthly) or \$ _____ (lump sum) made payable to "UC Regents" for the following payroll month(s):

() Jan. () Feb. () Mar. () April () May () June () July () Aug () Sept. () Oct. () Nov. () Dec.

***Note: If any plans are cancelled, you will need to re-enroll upon return from your leave.** It is your responsibility to contact the Benefits Office upon your return in order to initiate benefits enrollment in any coverage that was cancelled.

Employee Signature

Date

For nine month academics appointed for the entire academic year, payroll dates are:

Fall Quarter: 7/1 to 10/31 Winter Quarter: 11/1 to 2/28 Spring Quarter: 3/1 to 6/30