

2009 BENEFITS BRIDGE CONTINUATION FOR UNIT 18 MEMBERS

When you are not on pay status and are eligible for Benefits Bridge, you must take action to either continue or cancel your University insurance. You must complete and return the Insurance Continuation Form, with payment for your portion of the premium(s).

INSTRUCTIONS FOR COMPLETING THE ELECTION FORM

Print or type your name, ID number, home address, e-mail, home phone number and department name on the appropriate lines. Fill in the dates of your non-paid quarter. ***If you do not know these dates, call the Academic Coordinator at your divisional HR office.*** The summer break period is July 1 through September 30. Payroll dates for the academic year 1/9th are as follows:

Fall Quarter: October 1 through December 31 (paychecks issued November 1 through January 1)

Winter Quarter: January 1 through March 31 (paychecks issued February 1 thru April 1)

Spring Quarter: April 1 through June 30 (paychecks issued May 1 through July 1)

Write in the names of your current medical and dental plans. Indicate whether or not you wish to continue coverage while you are on Benefits Bridge for ***each*** of your current insurance plans. If you are enrolled in Health Net, Kaiser, or Blue Cross Plus, and will be leaving their service area for two or more months, you may be eligible to change your medical insurance 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 rates for medical, dental, vision and legal are included at the end of these instructions. Your most recent on-line or paper-version earnings statement will show your rates for Supplemental Life, Dependent Life and/or Accidental Death and Dismemberment. You may view your on-line earnings statement by signing in to your account at the following website: <http://atyourservice.ucop.edu>. If you wish to pay in a lump sum, write in the total premium you will owe for your entire bridge period.

If you do not want to continue coverage, mark "Cancel". **Non-Senate Instructors that elect Benefits Bridge are required to complete the Insurance Continuation Form indicating whether they desire to cancel or continue coverage.** If you do not indicate whether coverage for one of your plans should be continued or cancelled, the plan will be subject to cancellation.

HEALTH FSA AND DEPCARE FSA

Coverage for both of these plans ends *automatically*. If you wish to reenroll upon your return, you must do so within 31 days of your return to pay status. Contact the Benefits Office for form UPAY 919. Please refer to the Summary Plan Descriptions (available at <http://atyourservice.ucop.edu>) for each of these plans for more details about the impact of your non-paid time on these plans.

PREMIUM PAYMENT

You will owe a premium for each month you will not receive a paycheck. You may pay the premiums for the entire bridge period in a lump sum or on a monthly basis. To ensure continued coverage, your first payment should be received in the ***Campus Payroll Office*** by the 10th of the month following the beginning of your non-paid quarter. For example, if your non-paid quarter is the summer break period (July 1 through September 30), your premium for August must be received by Payroll 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.** Note: premiums are adjusted at the beginning of each calendar year. If your bridge period 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 non-paid quarter. It is your responsibility to contact the Benefits Office upon return to pay status to initiate reenrollment. Your eligibility period for reenrollment ends on the last *working* day of the 31-day period following your return to pay. As long as the Benefits Office receives your enrollment forms by the last working day of this period, your coverage will be effective retroactive to the date you return to pay status.

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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 enrollments and you receive a paycheck on July 1st, you will be covered through the end of July.

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.

IF YOU DO NOT RETURN THIS FORM

Your insurance will be subject to cancellation. If this occurs, you will need to re-enroll if you wish to reinstate coverage upon return to pay status. It is your responsibility to contact the campus Benefits Office upon return from the bridge period 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. However, the Benefits Bridge period is not technically considered a “leave without pay”. If you terminate employment at the end of the non-paid quarter, 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 non-paid quarter, you will not be eligible for continued coverage under COBRA at the time of termination. 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 wish to request a COBRA Continuation form or need assistance, please call the Benefits Office at (831) 459-2013.

2009 Rates

MEDICAL PLANS

Plan	Employee Only	Employee & Child(ren)	Employee & Adult	Family
Health Net	\$431.92	\$777.46	\$907.03	\$1,252.57
Kaiser	400.43	720.78	840.90	1,161.25
CIGNA Choice Fund	443.26	797.87	930.84	1,285.46
Anthem Blue Cross PLUS	445.26	801.47	935.04	1,291.26
Anthem Blue Cross PPO	441.50	794.70	927.15	1,280.35
Core	50.00	90.00	106.00	146.00

OTHER PLANS

Plan	Employee Only	Employee & Child(ren)	Employee & Adult	Family
Delta Dental PPO	\$41.49	\$84.71	\$77.94	\$138.69
DeltaCare® USA (formerly PMI)	20.50	35.33	35.18	50.02

Vision Service Plan	\$13.45	\$13.45	\$13.45	\$13.45
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Legal	\$10.02	\$13.78	\$13.78	\$15.03
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2009 UCSC INSURANCE CONTINUATION FORM
FOR UNIT 18 BENEFITS BRIDGE

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)

Before completing this form you should have submitted and had approved a UPAY 573 *Sabbatical Leave/Leave of Absence* form through your divisional HR office.

When you have a month with no pay, and are eligible for Benefits Bridge, you must take immediate action in order to continue or cancel your University insurance. **Non-Senate Instructors that elect Benefits Bridge are required to complete the Insurance Continuation Form indicating whether they desire to cancel or continue coverage and return it no later than the 10th of the month following the first day of your unpaid month to:**

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

Please read the instructions for important information regarding your insurance plans and on completing this form. Please make a copy of this form for your records. It is your responsibility to contact the campus Benefits Office upon your return to pay status in order to initiate benefits enrollment in any coverage you cancel during your leave. 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#: _____
 Home Address: _____
 E-mail Address: _____ Home Phone: _____
 Non-paid quarter: _____ Dept. _____

I have received written commitment for reemployment. My reemployment date is _____

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.

Employee Signature: _____ **Date:** _____

For nine month academics appointed for individual quarters, but not the entire academic year, payroll dates are:
 Fall Quarter: 10/1 to 12/31 Winter Quarter: 1/1 to 3/31 Spring Quarter: 4/1 to 6/30