

## Medical Separation - UCRP-Disability Income UCSC Local Procedures

(A.23b) Rev. 6/30/2009

### Employee Procedure

#### 1. Notification

- A. **Participate in the Interactive Process** or provide the Disability Management Coordinator with notification if you wish to waive the Interactive Process.
- B. **Receive written notification** from your Unit Head of the intent to separate you due to being approved to receive UCRP Disability Income.
- C. **Consider your right to respond (object)** to this notice, within the time period specified in the Notice of Intent to Medically Separate letter. If you choose not to respond, you will be separated from the University.
- D. **Receive written notification** of medical separation from your Unit Head if no response is received from you or if your response is received and it is determined that medical separation is still appropriate. Included with the notice will be separation paperwork and final pay, if you have any vacation accruals.

#### 2. Things To Do

- A. **Complete termination paperwork** and **submit** it to appropriate offices.
- B. **Return all UC property** to your supervisor or appropriate office:
  - Copy Card
  - ProCard
  - Keys
  - Office/Building Access Cards
  - [OPERS Card](#)
  - [Parking Permit/Bus Pass](#)
  - Campus Library Books
  - Staff ID Card
  - Equipment
- C. **Receive a letter** explaining the Special Re-employment process from the Disability Management Coordinator.

#### 3. Final Pay/Benefits

- A. **Receive your final paycheck**, if you have vacation accruals, and a Termination of Employment Benefits Checklist with the Notice of Medical Separation.
- B. **Review the following Information Regarding your Benefits** included with your termination packet:
  - To determine the impact of your separation on each of your benefit plans, see [Leaving UC Employment](#) and the [Termination of Employment Benefits Checklist](#).
  - Medical, dental, vision and legal coverage through the campus ends on the last day of the last month for which a premium is paid, normally the end of the month following separation.
  - If you are not eligible to continue your medical, dental and legal coverage as a UCRP Disability income recipient, you will receive a COBRA election form from the Benefits Office. This form is mailed to your home address the month following the date your separation has been processed. If you have an immediate need to obtain a COBRA election form, you may request one from the Benefits Office. You have 60 days from the date you lose coverage by reason of a qualifying event (employment termination) or from the date you receive notice of your continuation rights, whichever is later, to elect COBRA continuation. COBRA premiums must be paid retroactive to the coverage ending date.
  - Questions regarding distributions from the Retirement Savings Program should be directed to FITSCo at 1-(866) 682-7787. Please note that distribution requests may take up to 90 days to be processed and will be cancelled if you are rehired before the distribution occurs.
  - Contact the [Benefits Office](#) if you have any questions regarding your benefits, including COBRA.

## Help, Forms & Other Resources

### *How to Use*

The steps for these procedures have been divided into sets of activities for each role involved in the procedure. When you select a role, you will only see the activities and steps the selected role is involved in. To see activities and steps for a different role, choose the desired role.

### *Forms*

- [AB2410 Forms](#)
- [Background Investigation No Longer Interested \(NLI\) Form](#)
- [Proof of Service Form](#)
- [Separation Data Collection Document \(SEPR\)](#)
- [Unemployment Insurance Termination Report](#)
- [Separation: Notice of Intent to Medically Separate Template \(Non-Represented Employee\)](#)
- [Separation: Notice of Intent to Medically Separate Template \(Represented Employee\)](#)
- [Separation: Notice of Intent to Medically Separate Template \(Non-Represented Employee, UCRP Disability\)](#)
- [Separation: Notice of Intent to Medically Separate Template \(Represented Employee, UCRP Disability\)](#)
- [Separation: Notice of Medical Separation Template \(Non-Represented Employee\)](#)
- [Separation: Notice of Medical Separation Template \(Represented Employee\)](#)
- [Separation: Notice of Medical Separation Template \(Non-Represented Employee, UCRP Disability\)](#)
- [Separation: Notice of Medical Separation Template \(Represented Employee, UCRP Disability\)](#)

### *Resources*

- [At Your Service](#)
- [Benefits Office](#)
- [California Employment Development Department \(EDD\)](#)
- [COBRA/Continuation of Group Insurance Coverage](#)
- [Leaving UC Employment](#)
- [Management Guide to Layoff](#)
- [Payroll Separation from Employment Guide](#)
- [Retiring from UC - I am Ready to Retire Now](#)
- [Termination of Employment Benefits Checklist](#)
- [UCSC Job Opportunities](#)