

2018 UCSC INSURANCE CONTINUATION FORM (ICF) INSTRUCTIONS FOR EMPLOYEES WITH PERIODS OF UNPAID EMPLOYMENT

When you are eligible for UC health and welfare plans, but have periods of no pay you must take immediate action in order to continue or cancel your University insurance. Unpaid periods can be due to Approved Leave, Disability, Furlough, Benefits Bridge for Lecturers and other periods of UC Employment with no pay, such as summer or holiday breaks.

You must complete and return the attached Insurance Continuation Form, including payment if applicable, **by the tenth day of the month of unpaid employment**. This document and ICF form are intended to guide you on insurance continuation during your unpaid periods. Additional information can be found in the [Leave Without Pay Factsheet](#), available on UCNet.UniversityofCalifornia.edu.

If you are a furloughed employee, please use the ICF for Furloughed employees: shr.ucsc.edu/forms/shr-1010.pdf

IMPORTANT NOTICE: Failure to complete and return this form & payments on time will result in loss of benefit coverage.

INSTRUCTIONS FOR COMPLETING THE INSURANCE CONTINUATION FORM

Complete the Insurance Continuation Form (ICF) based on the dates of no pay from UCSC. **If you do not know these dates, call your [Employee Relations Service Team](#) or the [Academic Personnel Coordinator](#) at your divisional HR office.**

Write in the names of your current medical and dental plans. Indicate on the form whether or not you wish to continue or cancel coverage during your unpaid period for **each** of your current insurance plans. For additional Insurance Continuation Forms, you will need to make copies, contact the Benefits Office or go on-line to: <http://shr.ucsc.edu/forms/shr-1030.pdf>

- o **If you wish to CONTINUE coverage:** Write in the monthly premium you will be paying and total amount enclosed for each plan. The premium owed will be the total premium, unless you are eligible for *Special Conditions for Continued University Contributions* (explained below).
- o If you wish to CANCEL coverage: Write in "Cancel" on the *Monthly Premium Owed* line and return the form as directed.

PREMIUM PAYMENT-Continuing Coverage

Your monthly premium amounts can be found on: 1) your earning statement, 2) on the [At Your Service On-line](#) website, or 3) if you cannot locate the premiums in either of these ways, contact the campus [Benefits Office](#) at (831) 459 - 2013.

See the [online calendar](#) for Insurance Continuations payment due dates.

You will owe a premium for each pay period you will not receive a paycheck. Premiums for coverage are paid in advance. Monthly premium pre-payments by check or money order must be received by the **10th of the month of unpaid employment**. You may pay the premiums for the entire unpaid period of employment in a lump sum or on a monthly basis. For example, if your pay stops February 1st, payments for March coverage are due February 10th.

SPECIAL CONDITIONS FOR CONTINUED UC CONTRIBUTIONS - In order to receive these special University contributions, you must complete and return the attached Insurance Continuation Form (ICF).

NOTE: If your Short-Term Disability, FMLA/CRFA or Pregnancy Disability benefits cease, and you continue to be on an unpaid leave, you may continue your health insurance by paying the total monthly premium.

- o **Short Term Disability Benefits:** If you are receiving Short Term Disability (STD) benefits through Liberty Mutual, the University will make contributions to medical insurance for up to six months during a leave.
 - If you are eligible for special *medical* coverage because of receipt of Short Term Disability benefits, you pay the *employee* deduction amount.
- o **Family Medical Leave Act/California Family Rights Act (FMLA/CFRA):** If you are eligible for FMLA/CFRA, the University will make contributions to medical, dental and vision insurance for up to 12 work weeks in a 12 month period for qualified employees.
 - If you are eligible for special medical, dental and optical plan contributions because of FMLA/CFRA benefits, you should write in and pay the *post doc* premium amount. If eligible for FMLA/CFRA, no premiums are due for dental or vision.

- Pregnancy Disability Leave (PDL): If you are eligible under PDL law, the University will make contributions to medical, dental and vision insurances for 8 weeks within a 12 month period. This provision applies even for employees not otherwise eligible for FMLA or Short Term Disability Benefits. The Pregnancy Disability Leave provision runs concurrent with FMLA.
 - If you are eligible for special medical, dental and optical plan contributions because of the PDL provision, you pay the employee deduction amount. If eligible for PDL, no premiums are due for dental or vision.
- 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.
 - If you are eligible for Worker's Comp. benefits, pay no medical premium & write '*contingency fund*' in the medical premium column.

IF COVERAGE IS CANCELLED FOR ANY REASON DURING YOUR LEAVE

It is your responsibility to contact the Benefits Office within 31 days upon return work or pay status to re-enroll.

When you return to work, check your current enrollments on AYSO. If your coverage is cancelled while off pay status, **you must submit a completed UPAY 850 form** (available on: ucnet.universityofcalifornia.edu) to the campus Benefits Office to restart coverage upon return to pay status. Your Period of Initial Eligibility (PIE) for re-enrollment begins on the day you return to pay status and ends 31-days later.

LIFE INSURANCE CONVERSION

Basic Life Insurance (University-paid) continues automatically for up to four calendar months. If your unpaid employment lasts longer than the allotted continuation period, you may convert within 31 days to an individual plan. Please contact the campus Benefits Office for conversion information and forms.

HEALTH FSA and DEPENDENT CARE FSA (Flexible Spending Account) PARTICIPANTS:

If you are enrolled in the Health FSA and/or Dependent Care FSA, YOUR PARTICIPATION ENDS AUTOMATICALLY WHEN YOUR PAY STOPS. Participation ends on the last day of the month of your last contribution. Expenses incurred during months where no pay is received are ineligible. If you are enrolled in Health FSA and eligible for Family Medical Leave; you are able to continue participation during FML leaves. Contact the campus Benefits Office at (831) 459-2013 for assistance.

To re-enroll in FSA following return from leave, you must enroll via paper form (UPAY 850) within 31 days of your return to pay status. Participation in Health FSA and Dependent Care FSA resumes subject to payroll deadlines. Contact the Benefits Office or refer to the Summary Plan Descriptions (available on: ucnet.universityofcalifornia.edu) for more details about the impact of your unpaid period on FSA plans.

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 are re-paying a 403(b) loan, you must contact Fidelity Retirement Services at (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 and may 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.

COBRA

The Consolidated Omnibus Reconciliation Act of 1985 (COBRA) requires the University of California to offer continuation of University-sponsored medical, dental, optical and/or health flexible spending account (FSA) plans to qualified employees and family members enrolled in the plans at the time of certain qualifying events, such as a leave without pay. If you terminate coverage under medical, dental, optical or health FSA, you will receive a COBRA election packet and instructions from CONEXIS, UC's COBRA plan administrator. You may contact CONEXIS for COBRA Continuation assistance at 1-(877) 422-2767. If you do not continue your insurance during a leave period and then you separate from UC employment while coverage is cancelled, you will not be eligible for continued coverage under COBRA at the time of separation.



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*******RETURN THIS FORM WITH YOUR PAYMENT*******

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Your monthly premium amounts can be found on: 1) your earnings statement, 2) on the At Your Service On-line website, or 3) if you cannot locate the premiums in either of these ways, contact the campus Benefits Office at (831) 459 -2013. For additional Insurance Continuation Forms, go on-line to: shr.ucsc.edu/forms/shr-1030.pdf

Payment Deadline: Completed forms and payments must be received by the UCSC Payroll Office **no later than the 10th day of each month for the following month's coverage**. For example if your pay stops Feb 1st, payments for March coverage must be received by February 10th.

Employee Information and Continuation/Cancellation Elections:

Name _____ Employee ID#: _____

Email Address (Personal Preferred): _____

Home Address: _____

Primary Phone: _____ Unit: _____

Period of Leave without Pay: From: _____ To: _____

Special Leave Types [Mark any that apply-See special conditions section of instructions:]

FML/CFRA: PDL: Worker's Comp.: STD/Liberty Mutual:

Insurance Plan	Monthly Premium	Multiple Playments	Total	Payroll Use
Medical: _____	_____	X _____	_____	_____
Dental: _____	_____	X _____	_____	_____
Vision PPO	_____	X _____	_____	_____
Life/AD&D	_____	X _____	_____	_____

Total Premium Enclosed: _____

Enclosed is my check/money order in the amount of \$ _____ made payable to "UC Regents" for the following **earnings & coverage month(s)** [Coverage is paid for a month in advance - see instructions] **Mark ALL that apply:**

<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
Winter Quarter			Spring Quarter			Summer Quarter			Fall Quarter		

By signing below I understand that if I am late with my premium payments my benefits will be cancelled and I will not be able to re-enroll until I return to pay status

If any plans are cancelled, I will contact Benefits immediately upon my return to pay status.

Signature

Date

Mail completed form and applicable payment to: **UCSC Payroll Office at 1156 High Street in Santa Cruz, CA 95064**
Make a copy for your records!

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Monthly rates are provided below. Please refer to your earning statement for appropriate contribution amount. You may view your earnings statement and MCB on [AtYourServiceOnline](#) under 'Current Enrollments'. Note: Premiums are adjusted at the beginning of each calendar year. If your leave will extend beyond the end of the calendar year, contact the Benefits Office in November to obtain a new rate sheet for the following plan year.

If your MCB is \$54,000 and under:

Plan	Totals	Employee Only	Employee & Child(ren)	Employee & Adult	Family
Health Net Blue & Gold HMO*	Employee	39.57	71.22	142.78	174.44
	Total	738.36	1,329.94	1,551.60	2,142.70
Kaiser HMO*	Employee	18.97	34.15	41.55	56.71
	Total	540.22	972.40	1,134.46	1,566.64
UC Health Savings Plan w/ HSA*	Employee	19.83	35.70	43.44	59.29
	Total	463.00	833.40	972.30	1,342.70
UC Care	Employee	106.27	191.29	282.86	367.88
	Total	969.00	2,034.90	2,034.90	2,810.10
Core	Employee	0.00	0.00	0.00	0.00
	Total	185.00	333.00	388.50	536.50

If your MCB is \$54,001 to \$107,000:

Plan	Totals	Employee Only	Employee & Child(ren)	Employee & Adult	Family
Health Net Blue & Gold HMO*	Employee	75.62	136.11	225.08	285.58
	Total	738.36	1,329.94	1,551.60	2,142.70
Kaiser HMO*	Employee	55.02	99.04	123.85	167.85
	Total	540.22	972.40	1,134.46	1,566.64
UC Health Savings Plan w/ HSA*	Employee	55.88	100.59	125.74	170.43
	Total	463.00	833.40	972.30	1,342.70
UC Care	Employee	106.27	191.29	282.86	479.02
	Total	969.00	2,034.90	2,034.90	2,810.10
Core	Employee	0.00	0.00	0.00	0.00
	Total	185.00	333.00	388.50	536.50

If your MCB is \$107,001 to \$161,000:

Plan	Totals	Employee Only	Employee & Child(ren)	Employee & Adult	Family
Health Net Blue & Gold HMO*	Employee	112.62	202.71	298.84	388.94
	Total	738.36	1,329.94	1,551.60	2,142.70
Kaiser HMO*	Employee	92.02	165.64	197.61	271.21
	Total	540.22	972.40	1,134.46	1,566.64
UC Health Savings Plan w/ HSA*	Employee	92.88	167.19	199.50	273.79
	Total	463.00	833.40	972.30	1,342.70
UC Care	Employee	179.32	322.78	438.92	582.38
	Total	969.00	2,034.90	2,034.90	2,810.10
Core	Employee	0.00	0.00	0.00	0.00
	Total	185.00	333.00	388.50	536.50

If your MCB is over \$161,000:

Plan	Totals	Employee Only	Employee & Child(ren)	Employee & Adult	Family
Health Net Blue & Gold HMO*	Employee	112.62	202.71	298.84	388.94
	Total	738.36	1,329.94	1,551.60	2,142.70
Kaiser HMO*	Employee	92.02	165.64	197.61	271.21
	Total	540.22	972.40	1,134.46	1,566.64
UC Health Savings Plan w/ HSA*	Employee	92.88	167.19	199.50	273.79
	Total	463.00	833.40	972.30	1,342.70
UC Care	Employee	179.32	322.78	438.92	582.38
	Total	969.00	2,034.90	2,034.90	2,810.10
Core	Employee	0.00	0.00	0.00	0.00
	Total	185.00	333.00	388.50	536.50

* If you are enrolled in Health Savings Plan, Health Net Blue & Gold HMO or Kaiser HMO and will be leaving the plan's service area for two or more months, you are required to change your medical insurance coverage while you are away. Please contact the campus Benefits Office at (831) 459-2013 immediately for assistance

OTHER PLANS:

Plan	Total	Employee Only	Employee & Child(ren)	Employee & Adult	Family
Delta Dental PPO	Total	41.94	86.24	78.58	140.83
DeltaCare USA	Total	19.30	33.64	33.11	47.47
VSP Vision Plan	Total	12.75	12.75	12.75	12.75
ARAG Legal	Total	10.87	14.95	14.95	12.75

For any other plans, please refer to your most recent earnings statement for your continuation rate(s).