

2018 INSURANCE CONTINUATION PROGRAM FOR POSTDOCTORAL SCHOLAR EMPLOYEES ON LEAVE WITHOUT PAY (LWOP)

When you are on leave without pay (LWOP) you must take action in order to continue or cancel your University insurance. You must complete and return the attached Insurance Continuation Form (ICF), including payment if applicable, **by the tenth day of the month you are on leave**. This document and ICF form are intended to guide you on submitting premiums for insurance continuation while on leave.

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 your approved leave without pay. **If you do not know these dates, call 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-1030psbp.pdf>.

- **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).
- 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/CFRA 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.

- **Short Term Disability Benefits:** If you are receiving Short Term Disability (STD) benefits through The Standard, 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 should write in and pay the *post doc* premium amount
 - Contact UC's Post-Doctoral Scholar Benefit Plan Administrator, Garnett Powers & Associates, at 1-800-254-1758 for disability eligibility information and submitting a disability claim.
- **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 members. Contact your [Academic Personnel Coordinator](#) at your divisional HR office for FMLA/CFRA eligibility information.
 - 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.

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- **Pregnancy Disability Leave Law (PDLL):** 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 PDLL provision, write in and pay the *post doc* premium amount. If eligible for PDL, no premiums are due for dental or vision.

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.

If your coverage is cancelled, you must submit a completed enrollment form (available online: <http://www.garnett-powers.com/postdoc/>) to the campus Benefits Office to reinstate coverage upon return to pay status. Your 31-day Period of Initial Eligibility (PIE) period for re-enrollment begins on the day you return to pay status.

403b LOAN REPAYMENT

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 and may be subject to federal and state early distribution penalties.

COBRA

The Consolidated Omnibus Reconciliation Act of 1985 (COBRA) requires UC's Post-Doctoral Scholar Benefit Plan Administrator, Garnett Powers & Associates, to offer continuation of University sponsored medical, dental and optical insurance to qualified Post Doc's and family members enrolled in the plans at the time of certain qualifying events. If you separate from employment at the end of the leave period, you may be eligible for COBRAS continuation of coverage. If you do not continue your insurance during your leave period, you will not be eligible for continued coverage under COBRA at the time of separation. If you wish to request a COBRA continuation election form or need assistance, please call UC's Post-Doctoral Scholar Benefit Plan Administrator, Garnett Powers & Associates, at 1-800-254-1758.

2018 BENEFITS RATES FOR POSTDOCTORAL EMPLOYEES ON LEAVE WITHOUT PAY

Medical Plan:

Plan		Post Doc Only	Post Doc + Child(ren)	Post Doc + Partner	Post Doc + Adult + Child(ren)
HealthNet HMO	Post Doc	\$10.78	\$18.86	\$38.81	\$49.32
Group #66700A	Total	\$538.94	\$943.23	\$1,293.57	\$1,643.89
HealthNet PPO	Post Doc	\$20.00	\$40.00	\$40.00	\$60.00
Group #N2982A	Total	\$499.36	\$873.89	\$1,198.44	\$1,523.05

Non-Medical Health Plans:

Plan		Post Doc Only	Post Doc + Child(ren)	Post Doc + Partner	Post Doc + Adult + Child(ren)
Dental POS	Post Doc	\$.00	\$.00	\$.00	\$.00
Principal Dr. #H12843	Total	\$23.20	\$54.00	\$48.39	\$86.90
Dental DHMO	Post Doc	\$.00	\$.00	\$.00	\$.00
Health Net GR #Z0059A	Total	\$8.02	\$15.22	\$14.42	\$22.43
Vision PPO	Post Doc	\$.00	\$.00	\$.00	\$.00
Health Net GR #Z0074A	Total	\$4.00	\$7.45	\$6.68	\$11.40

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



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

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

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 (731) 459 - 2013. For additional Insurance Continuation Forms, go on-line to : <https://shr.ucsc.edu/forms/shr-1030psbp.pdf>

Deadline: Completed forms, with continue/cancel elections for all benefit plans, and payments are due to 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 are due February 10th.

Post-Doctoral Scholar 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:]

Short Term Disability/The Standard FML/CFRA: Pregnancy Disability:

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!