

Use this Benefits eForm to submit a Life Event. This example demonstrates how the Benefits eForm recognizes a Late Enrollment, when the date of the Life Event is outside of the Period of Initial Eligibility (PIE)

Menu Navigation:

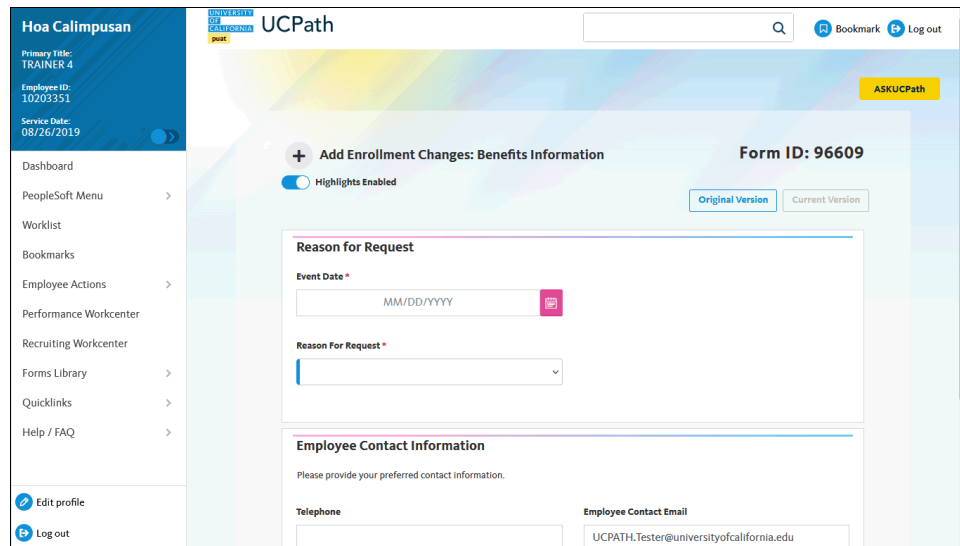
Forms Library > Access Forms > **Benefits eForms: Submit New Form**

Detailed information and guides for UC Benefits Plans is available on UCnet:
<https://ucnet.universityofcalifornia.edu/compensation-and-benefits/index.html>


Note: This example uses sample images as seen on a computer. Sample images appear differently on a tablet or smartphone, but the steps remain the same.

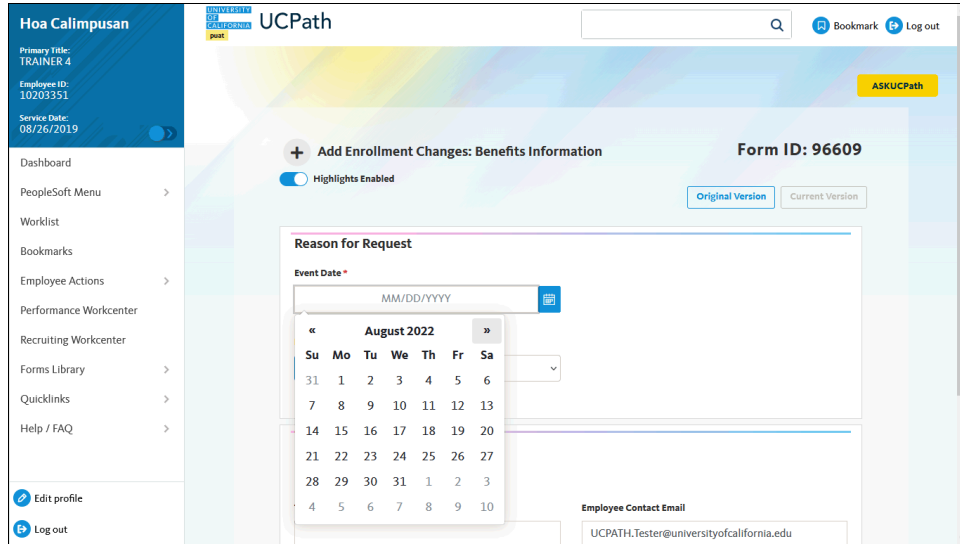
The screenshot shows the UCPath web interface. On the left is a navigation menu for user 'Hoa Calimpusan' (Primary Title: TRAINER 4, Employee ID: 10203351, Service Date: 08/26/2019). The main content area is titled 'UCPath' and 'Add Enrollment Changes: Benefits Information' (Form ID: 96609). It features a 'Highlights Enabled' toggle, 'Original Version' and 'Current Version' buttons, and two main sections: 'Reason for Request' with an 'Event Date' field (placeholder: MM/DD/YYYY) and a 'Reason For Request' dropdown, and 'Employee Contact Information' with 'Telephone' and 'Employee Contact Email' fields (example email: UCPATH.Tester@universityofcalifornia.edu).

Step	Action
1.	<p>Event Date: The Event Date for a Life Event must be in the past. A benefits change for a future dated Life Event cannot be processed prior to the event date.</p> <p>Late Enrollment: The Benefits eForms recognize if the Event Date is outside of the Period of Initial Eligibility (PIE) for the requested Life Event benefits enrollment.</p> <p>The example used in this simulation demonstrates a new dependent's birthdate.</p>






The screenshot displays the UCPath web application interface. On the left is a navigation menu for user 'Hoa Calimpusan' (Primary Title: TRAINER 4, Employee ID: 10203351, Service Date: 08/26/2019). The main content area shows the 'Add Enrollment Changes: Benefits Information' form (Form ID: 96609). The form includes a 'Reason for Request' section with an 'Event Date' field (placeholder: MM/DD/YYYY) and a 'Reason For Request' dropdown menu. Below this is the 'Employee Contact Information' section, which includes fields for 'Telephone' and 'Employee Contact Email' (pre-filled with UCPATH.Tester@universityofcalifornia.edu). A sidebar on the left contains links for 'Edit profile' and 'Log out'.

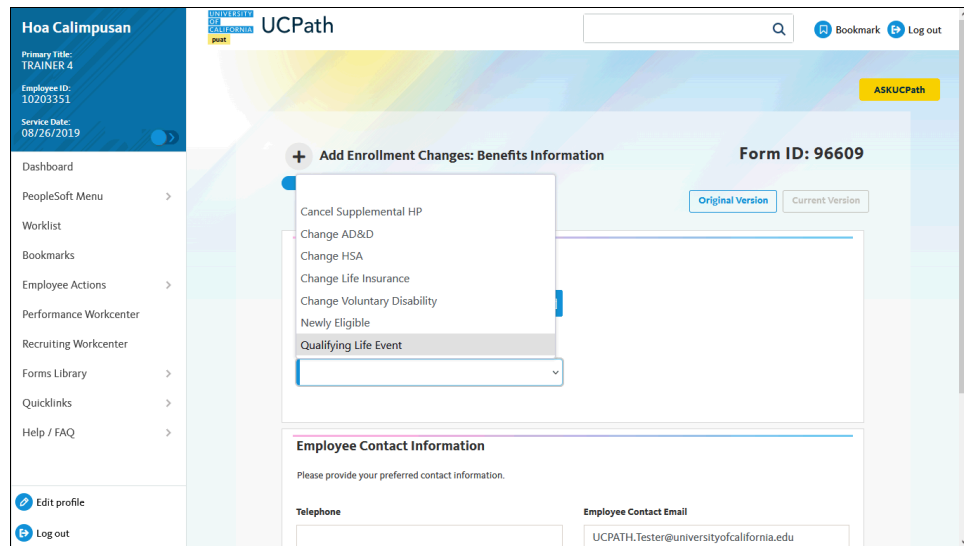
Step	Action
2.	Click the Calendar button. 

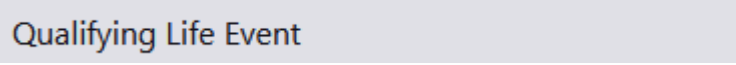



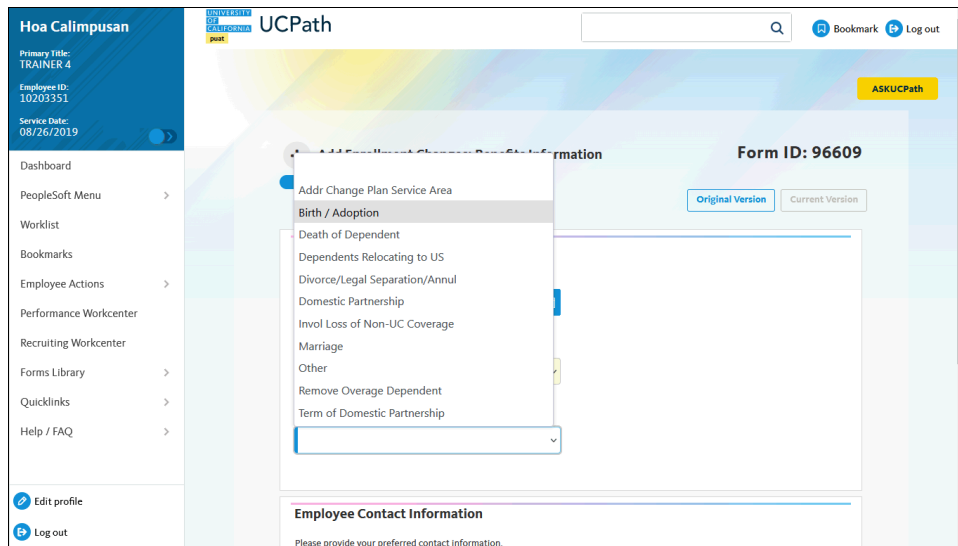
The screenshot shows the UCPath web application interface. On the left is a navigation menu for user 'Hoa Calimpusan' (Primary Title: TRAINER 4, Employee ID: 10203351, Service Date: 08/26/2019). The main content area is titled 'Add Enrollment Changes: Benefits Information' with 'Form ID: 96609'. A 'Reason for Request' form is open, with the 'Event Date' field set to 'MM/DD/YYYY'. A calendar pop-up is displayed for August 2022, showing days from Sunday to Saturday. The 'Employee Contact Email' field is populated with 'UCPATH.Tester@universityofcalifornia.edu'. The interface includes a search bar, 'Bookmark', and 'Log out' links at the top right, and 'Original Version' and 'Current Version' buttons below the form title.

UCPath Task:
Benefits eForms: Submit Form for Life Event -
Supplemental Health Plans

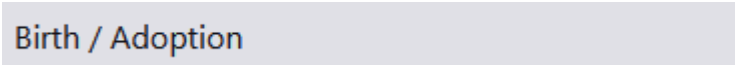
Step	Action
3.	Click the » button to navigate to the desired month. 
4.	Click 1 to select the day. 
5.	Click the Reason For Request* drop-down button to select an option from the listed items. 




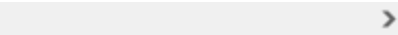
Step	Action
6.	Click the Qualifying Life Event list item. 
7.	Click the Life Event Reason* drop-down button to select an option from the listed items. 

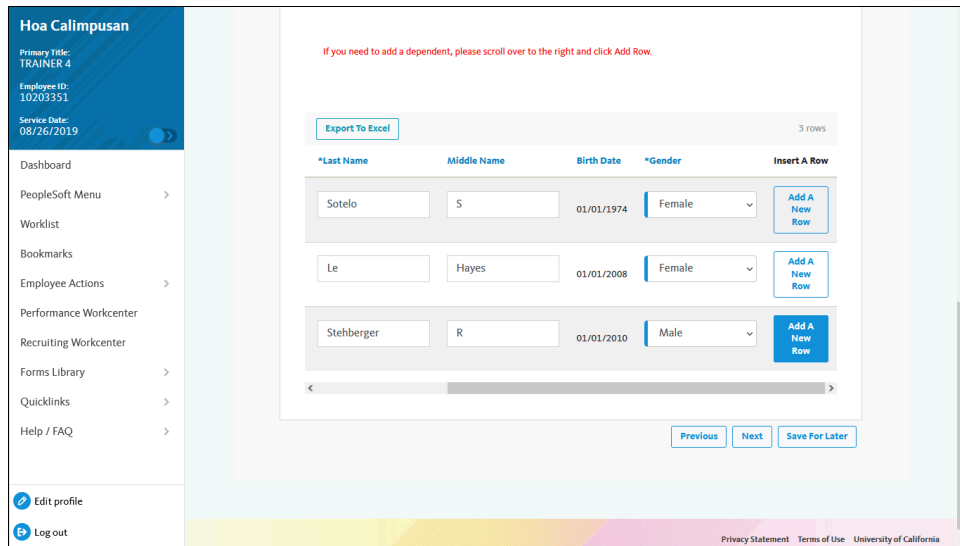


**UCPath Task:
Benefits eForms: Submit Form for Life Event -
Supplemental Health Plans**

Step	Action
8.	Click the Birth / Adoption list item. 

Step	Action
9.	Click the scroll bar.
10.	The Save For Later button is available on every page of the eForm. Click this button to save the entry progress.

Step	Action
11.	Click the Next button. 
12.	Click the scroll bar.
13.	Click the scroll bar. 



Hoa Calimpusan
Primary Title: TRAINER 4
Employee ID: 10203351
Service Date: 08/26/2019

Dashboard
PeopleSoft Menu >
Worklist
Bookmarks
Employee Actions >
Performance Workcenter
Recruiting Workcenter
Forms Library >
Quicklinks >
Help / FAQ >

Edit profile
Log out


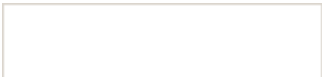
If you need to add a dependent, please scroll over to the right and click Add Row.

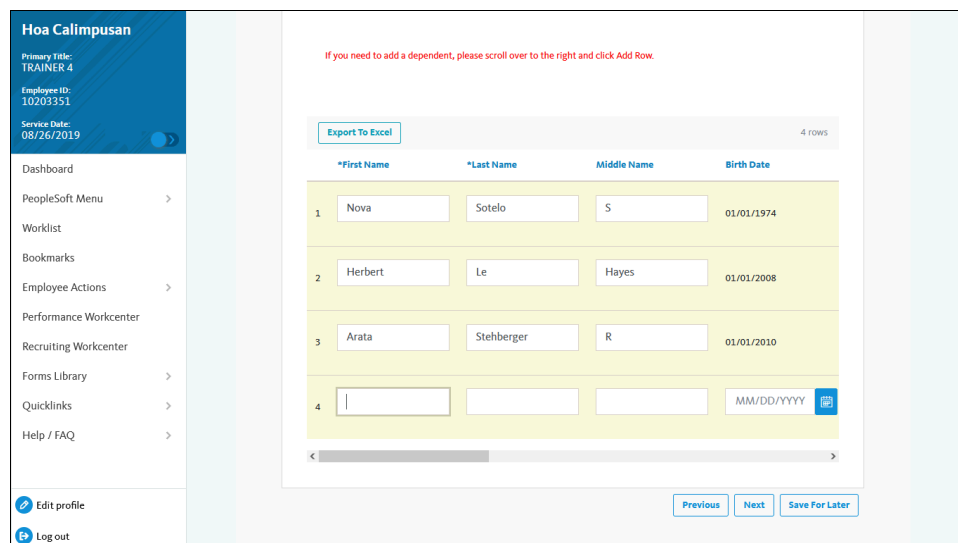
Export To Excel 3 rows


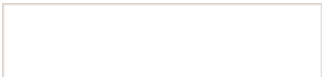
*Last Name	Middle Name	Birth Date	*Gender	Insert A Row
Sotelo	S	01/01/1974	Female	Add A New Row
Le	Hayes	01/01/2008	Female	Add A New Row
Stehberger	R	01/01/2010	Male	Add A New Row

Previous Next Save For Later

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Step	Action
14.	<p>In this example, we click Add A New Row to add the new dependent.</p> <p>Click the Add A New Row button.</p> 
15.	<p>Click in the *First Name column field.</p> 



Step	Action
16.	<p>Enter the desired information into the *First Name column field.</p> <p>For this example, enter Jane.</p>
17.	<p>Click in the *Last Name column field.</p> 
18.	<p>Enter the desired information into the *Last Name column field.</p> <p>For this example, enter Le.</p>
19.	<p>Click in the Middle Name column field.</p> 

Step	Action
20.	Enter the desired information into the Middle Name column field. For this example, enter T .

Primary Title: TRAINER 4
Employee ID: 10203351
Service Date: 08/26/2019

Export To Excel 4 rows

	*First Name	*Last Name	Middle Name	Birth Date
1	Nova	Sotelo	S	01/01/1974
2	Herbert	Le	Hayes	01/01/2008
3	Arata	Stehberger	R	01/01/2010
4	Jane	Le	T	MM/DD/YYYY

Buttons: Previous, Next, Save For Later


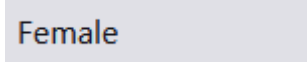

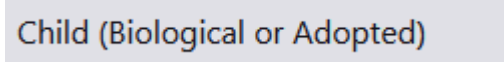

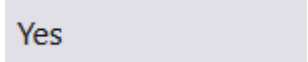
Step	Action
21.	To add the dependent's Birth Date , click the Calendar button.
22.	Click 1 to select the day.

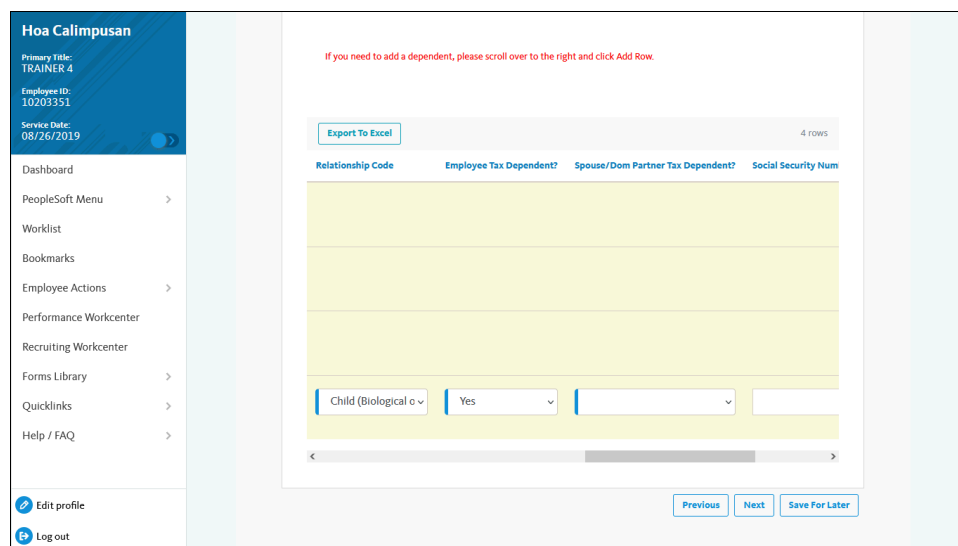
Primary Title: TRAINER 4
Employee ID: 10203351
Service Date: 08/26/2019

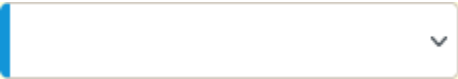
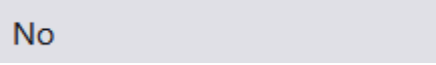
Export To Excel 4 rows

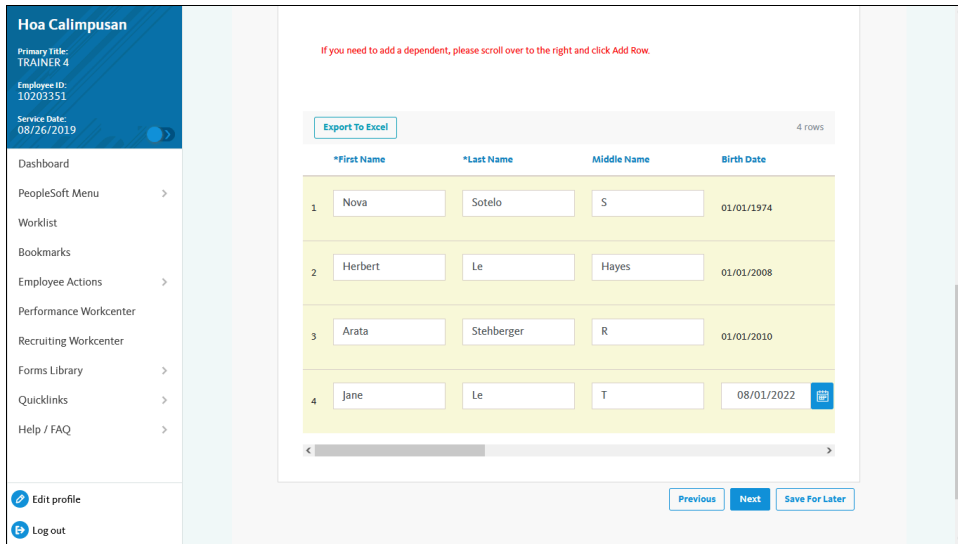
	*First Name	*Last Name	Middle Name	Birth Date
1	Nova	Sotelo	S	01/01/1974
2	Herbert	Le	Hayes	01/01/2008
3	Arata	Stehberger	R	01/01/2010
4	Jane	Le	T	08/01/2022

Buttons: Previous, Next, Save For Later

Step	Action
23.	Click the scroll bar.
24.	Click in the *Gender drop-down button to select an option from the listed items. 
25.	Click the Female list item. 
26.	Click in the Relationship Code drop-down button to select an option from the listed items. 
27.	Click the Child (Biological or Adopted) list item. 
28.	Click in the Employee Tax Dependent? drop-down button to select an option from the listed items. 
29.	Click the Yes list item. 



Step	Action
30.	Click in the Spouse/Dom Partner Tax Dependent? drop-down button to select an option from the listed items. 
31.	Click the No list item. 




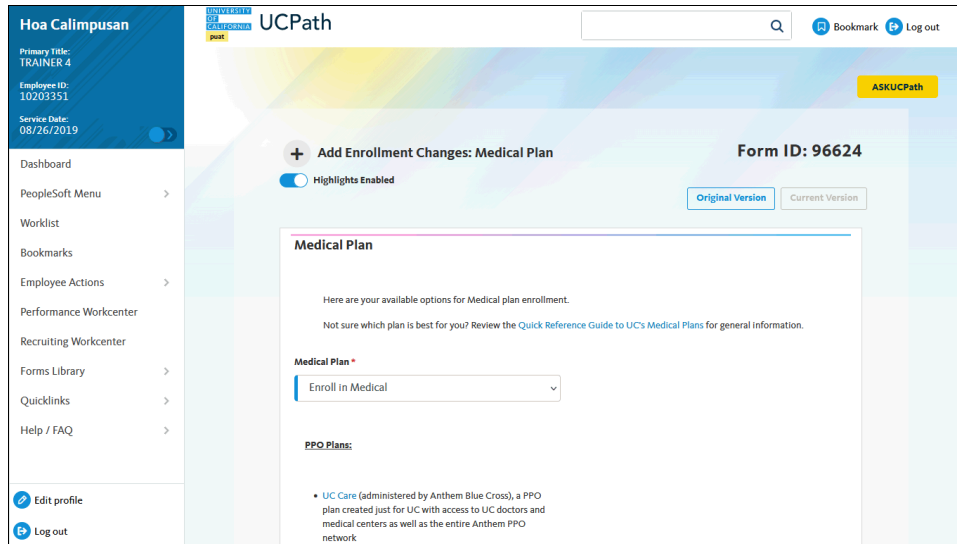
The screenshot shows the UCPath interface for employee Hoa Calimpusan. The left sidebar contains navigation options like Dashboard, PeopleSoft Menu, Worklist, Bookmarks, Employee Actions, Performance Workcenter, Recruiting Workcenter, Forms Library, Quicklinks, and Help / FAQ. The main content area displays a table of dependents with the following data:

	*First Name	*Last Name	Middle Name	Birth Date
1	Nova	Sotelo	S	01/01/1974
2	Herbert	Le	Hayes	01/01/2008
3	Arata	Stehberger	R	01/01/2010
4	Jane	Le	T	08/01/2022

At the top of the table, there is an 'Export To Excel' button and a note: 'If you need to add a dependent, please scroll over to the right and click Add Row.' At the bottom of the table, there are 'Previous', 'Next', and 'Save For Later' buttons.

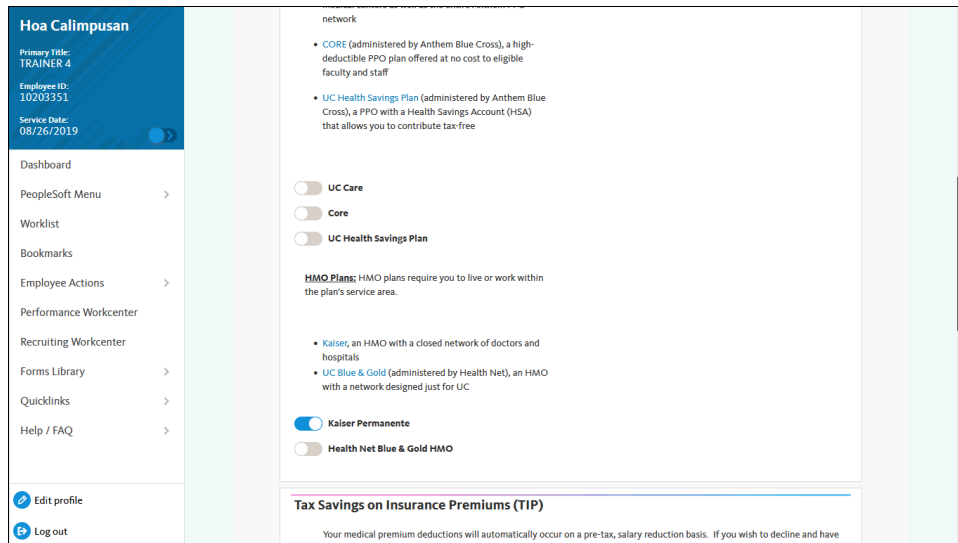
UCPath Task:
Benefits eForms: Submit Form for Life Event -
Supplemental Health Plans

Step	Action
32.	Click the Next button. 



The screenshot shows the UCPath interface for a user named Hoa Calimpusan. The user's profile information is visible in the top left: Primary Title: TRAINER 4, Employee ID: 10203351, Service Date: 08/26/2019. The main content area is titled 'Add Enrollment Changes: Medical Plan' with Form ID: 96624. A 'Highlights Enabled' toggle is turned on. Below this, there is a 'Medical Plan' section with a dropdown menu currently set to 'Enroll in Medical'. Underneath, there is a section for 'PPO Plans' with a bullet point for 'UC Care (administered by Anthem Blue Cross), a PPO plan created just for UC with access to UC doctors and medical centers as well as the entire Anthem PPO network'. The interface includes a search bar, a 'Log out' button, and a 'Bookmark' icon in the top right. A navigation menu on the left lists various system features like Dashboard, PeopleSoft Menu, Worklist, and Forms Library.

Step	Action
33.	The Medical Plan enrollment page appears. You have the option to change plans at the time of a Life Event. Click the Quick Reference Guide to UC's Medical Plans link to UCnet for medical plan information.
34.	Your current benefits enrollments default to the form. For this example, accept the default of Enroll in Medical .
35.	Click the scroll bar.



The screenshot shows the UCPath interface for a user named Hoa Calimpusan. On the left is a navigation menu with options like Dashboard, PeopleSoft Menu, Worklist, and Employee Actions. The main content area displays the 'network' section with several plan options:

- UC Care
- Core
- UC Health Savings Plan

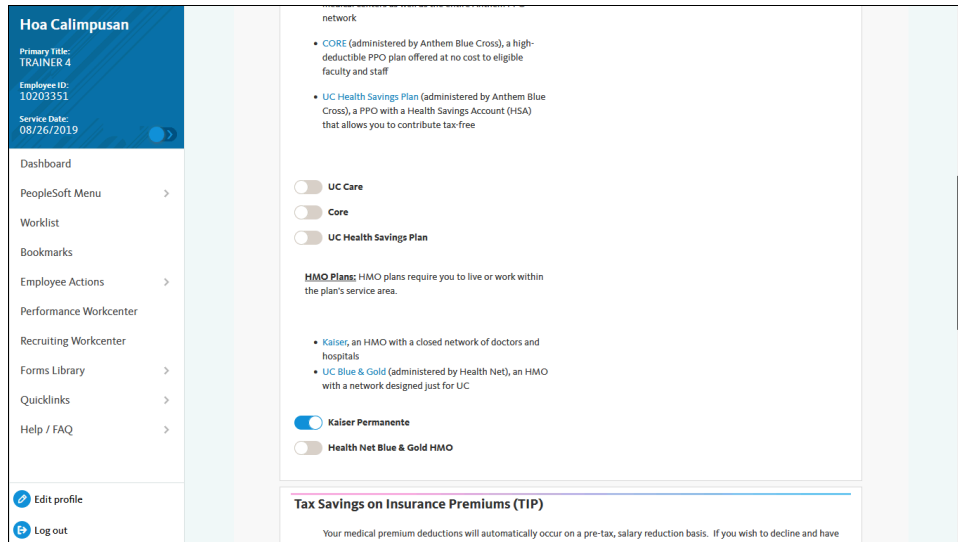
Below these are HMO Plans with a note: "HMO Plans: HMO plans require you to live or work within the plan's service area." The options listed are:

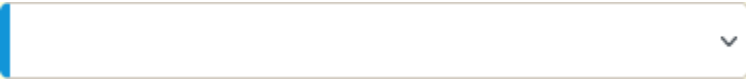
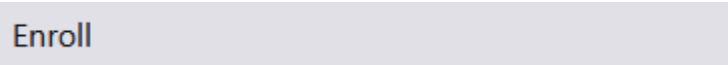
- Kaiser Permanente
- Health Net Blue & Gold HMO

At the bottom, there is a section titled "Tax Savings on Insurance Premiums (TIP)" with a note: "Your medical premium deductions will automatically occur on a pre-tax, salary reduction basis. If you wish to decline and have..."

UCPath Task:
Benefits eForms: Submit Form for Life Event -
Supplemental Health Plans


Step	Action
36.	<p>There are three PPO Plans and two HMO Plans to choose from.</p> <p>Blue text throughout the Benefits eForms provide links to additional information.</p> <p>For example, click the blue plan names on this page to access details for each plan.</p>

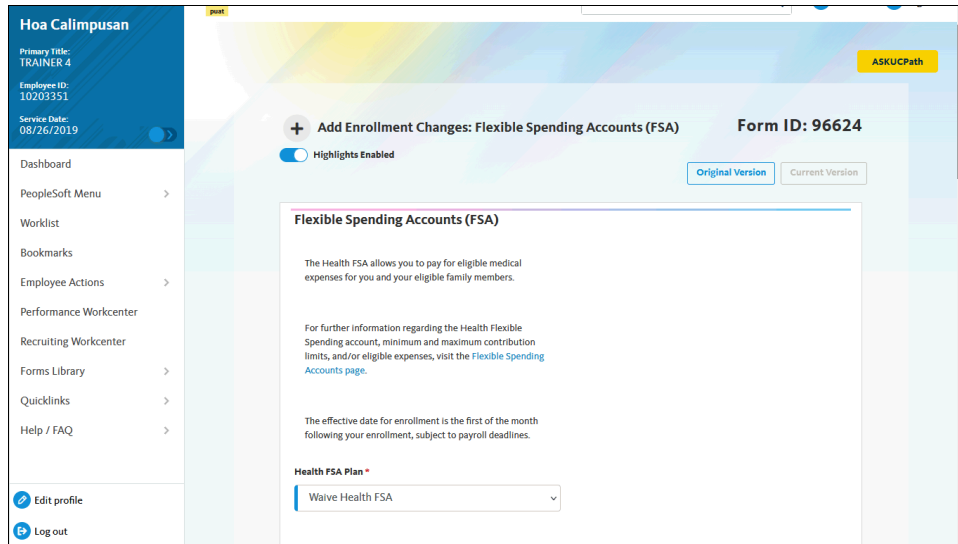



Step	Action
37.	For this example, accept the default selection of Kaiser Permanente .
38.	Click the scroll bar.
39.	In the Dependents Plans section, use this to Enroll or Waive dependents in *Medical .
40.	Click the *Medical drop-down button to select an option from the listed items. 
41.	Click the Enroll list item. 

Dependent Name	*Medical
1 Sotelo,Nova S	Enroll
2 Le,Herbert Hayes	Enroll
3 Stehberger,Arata R	Enroll
4 Le,Jane T	Enroll

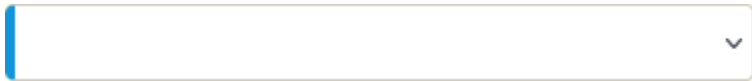
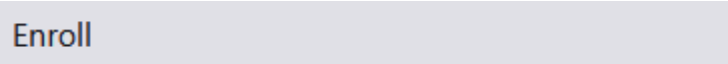
UCPath Task:
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Supplemental Health Plans

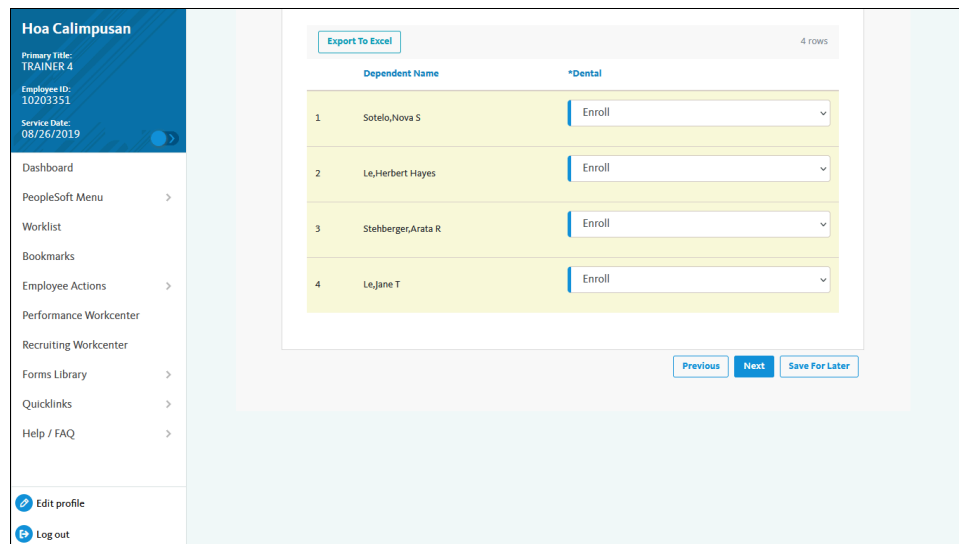
Step	Action
42.	Click the Next button. 



Step	Action
43.	The Flexible Spending Accounts (FSA) page appears. Current enrollment information for the Health FSA Plan and the Annual Health Contribution Amount default into these fields. For this example, accept the default set to Waive Health FSA .
44.	Click the scroll bar.
45.	For this example, the Dependent Care FSA Plan enrollment is set to be waived.
46.	Click the scroll bar.
47.	Click the Next button. 

The screenshot displays the UCPath interface for adding enrollment changes. On the left, a sidebar identifies the user as Hoa Calimpusan, a TRAINER 4 with Employee ID 10203351 and Service Date 08/26/2019. The main area is titled 'Add Enrollment Changes: Dental Plan' with Form ID: 96624. It features a 'Highlights Enabled' toggle and buttons for 'Original Version' and 'Current Version'. The 'Dental Plan' section contains text explaining two options: Delta Dental PPO and DeltaCare USA HMO, and a dropdown menu currently showing 'Delta Dental PPO'. Below this is a section for 'Dependents Plans'.

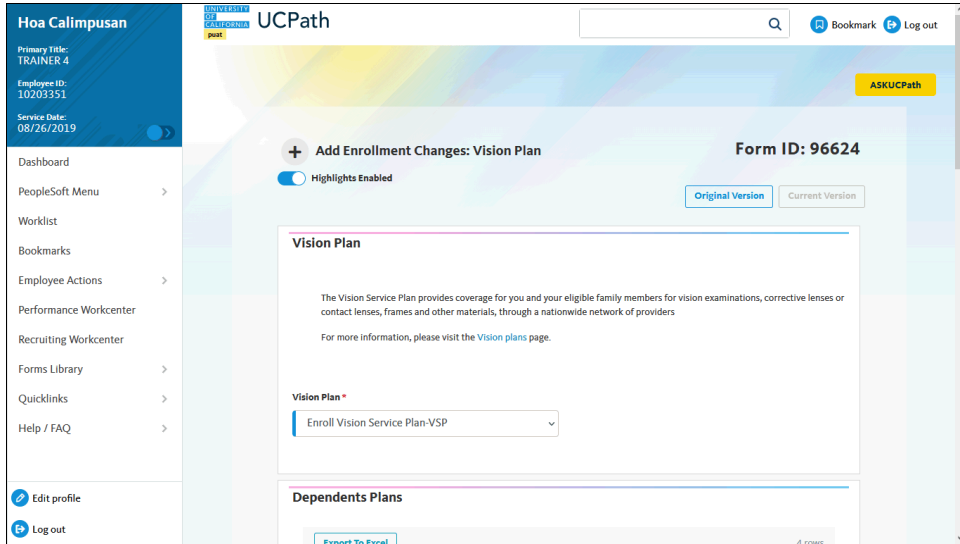
Step	Action
48.	The Dental Plan page appears. For this example, accept the defaulted benefit selection.
49.	Click the scroll bar.
50.	Click the *Dental drop-down button to select an option from the listed items. 
51.	Click the Enroll list item. 


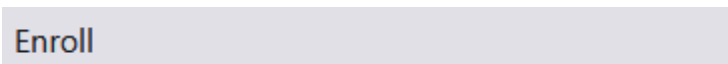


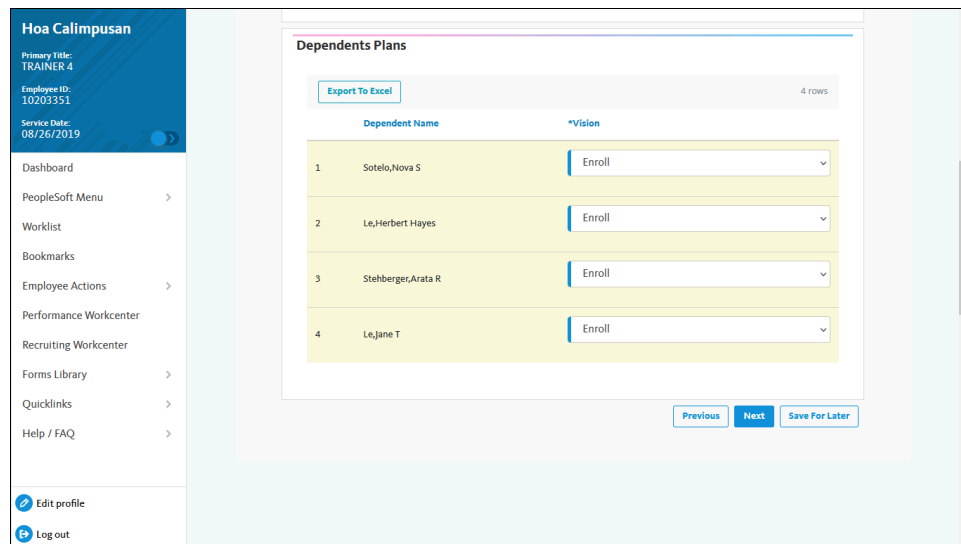
The screenshot shows a user interface for managing dependents. On the left is a navigation menu for user 'Hoa Calimpusan' (Primary Title: TRAINER 4, Employee ID: 10203351, Service Date: 08/26/2019). The main area displays a table with 4 rows of dependents. Each row has a 'Dependent Name' and a '*Dental' drop-down menu. All drop-down menus are currently set to 'Enroll'. At the bottom of the table are 'Previous', 'Next', and 'Save For Later' buttons.

Dependent Name	*Dental
1 Sotelo,Nova S	Enroll
2 Le,Herbert Hayes	Enroll
3 Stehberger,Arata R	Enroll
4 Le,Jane T	Enroll

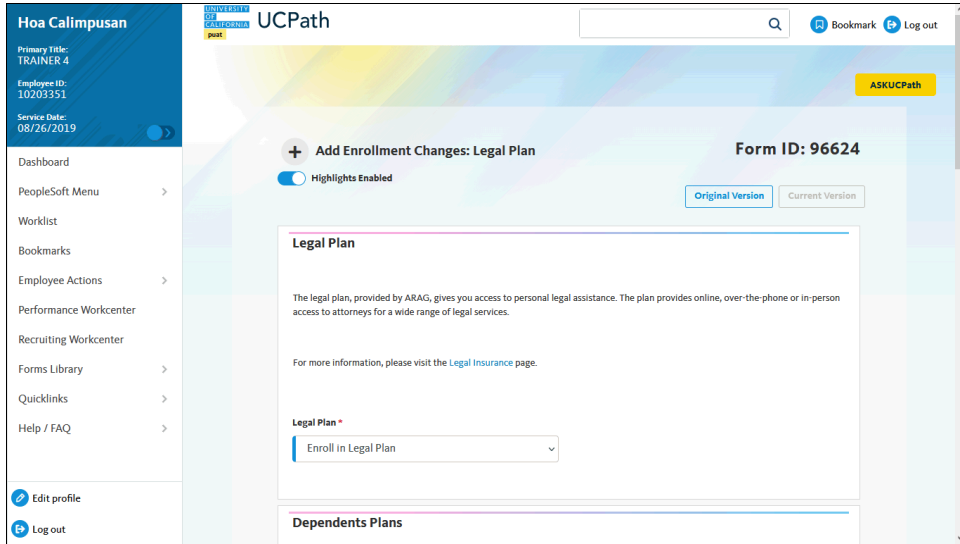
Step	Action
52.	Click the Next button.


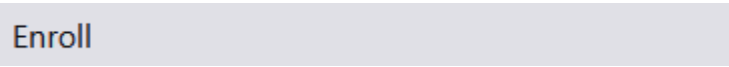


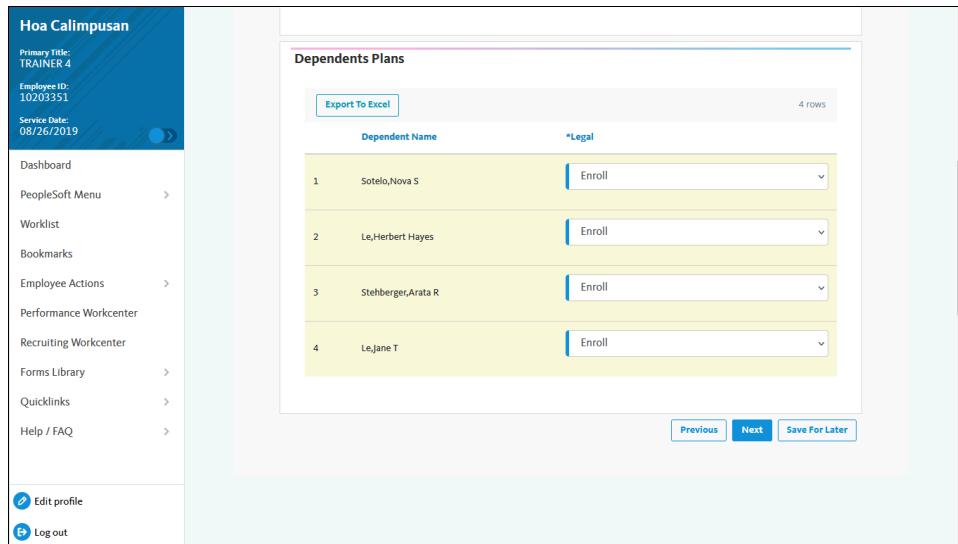
Step	Action
53.	The Vision Plan page appears. For this example, accept the defaulted benefit selection.
54.	Click the scroll bar.
55.	Click the *Vision drop-down button to select an option from the listed items. 
56.	Click the Enroll list item. 




Step	Action
57.	Click the Next button.


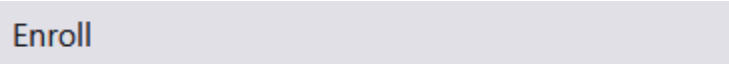


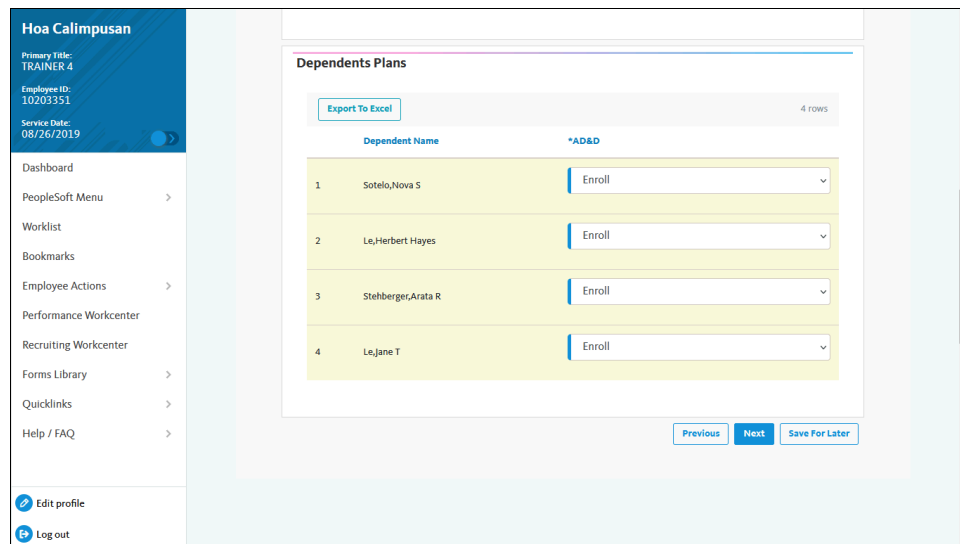
Step	Action
58.	The Legal Plan page appears. For this example, accept the defaulted benefit selection.
59.	Click the scroll bar.
60.	Click the *Legal column drop-down button to select an option from the listed items.. 
61.	Click the Enroll list item. 




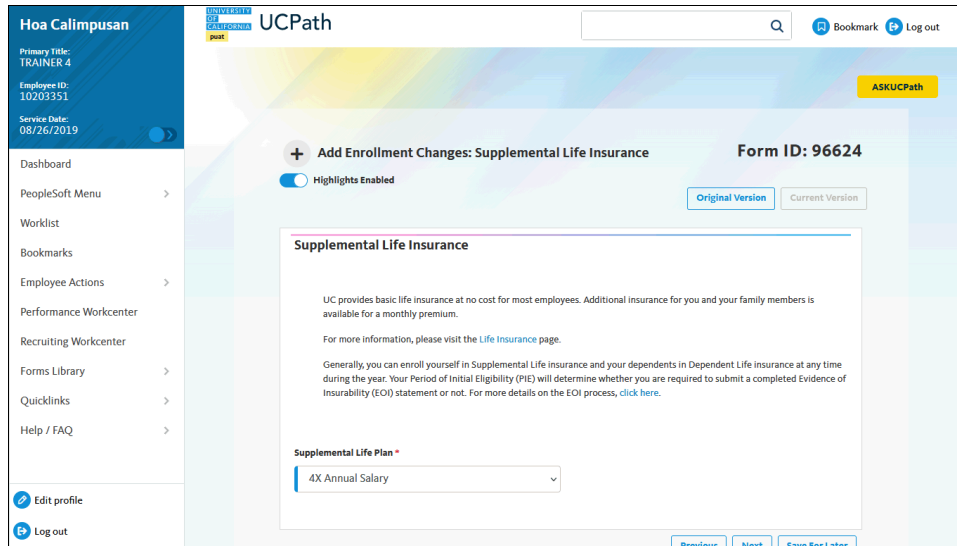
Step	Action
62.	Click the Next button. 

The screenshot displays the UCPATH web application interface. On the left is a navigation sidebar for user 'Hoa Calimpusan' (Primary Title: TRAINER 4, Employee ID: 10203351, Service Date: 08/26/2019). The main content area is titled 'Add Enrollment Changes: Accidental Death & Dismemberment (AD&D)' with Form ID: 96624. It features a 'Highlights Enabled' toggle and buttons for 'Original Version' and 'Current Version'. The 'Accidental Death & Dismemberment (AD&D)' section contains explanatory text and a link to the 'Accidental Death and Dismemberment plan page'. Below this, there are two dropdown menus: 'AD&D Enroll' (set to 'Enroll in AD&D') and 'AD&D Amount' (set to '17. \$500,000').

Step	Action
63.	The Accidental Death & Dismemberment (AD&D) page appears. For this example, the default AD&D Amount is \$500,000 .
64.	Click the scroll bar.
65.	Click the *AD&D drop-down button to select an option from the listed items. 
66.	Click the Enroll list item. 



Step	Action
67.	Click the Next button. 



The screenshot shows the UCPath interface for a user named Hoa Calimpusan. The main content area is titled "Add Enrollment Changes: Supplemental Life Insurance" with a form ID of 96624. A "Highlights Enabled" toggle is present. The form contains the following text:

Supplemental Life Insurance

UC provides basic life insurance at no cost for most employees. Additional insurance for you and your family members is available for a monthly premium.


For more information, please visit the [Life Insurance](#) page.

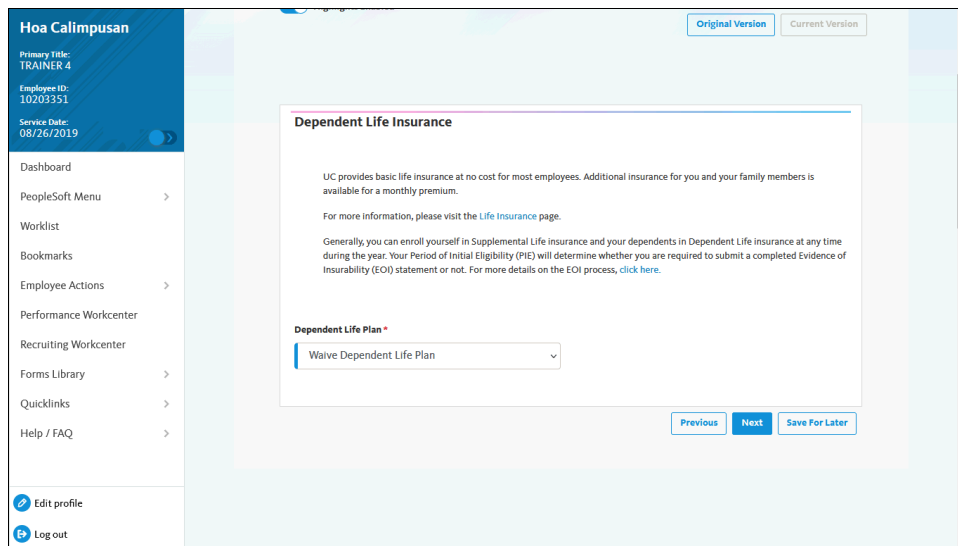
Generally, you can enroll yourself in Supplemental Life insurance and your dependents in Dependent Life insurance at any time during the year. Your Period of Initial Eligibility (PIE) will determine whether you are required to submit a completed Evidence of Insurability (EOI) statement or not. For more details on the EOI process, [click here](#).


Supplemental Life Plan *


4X Annual Salary


At the bottom of the form, there are buttons for "Review", "Next", and "Form Expired".

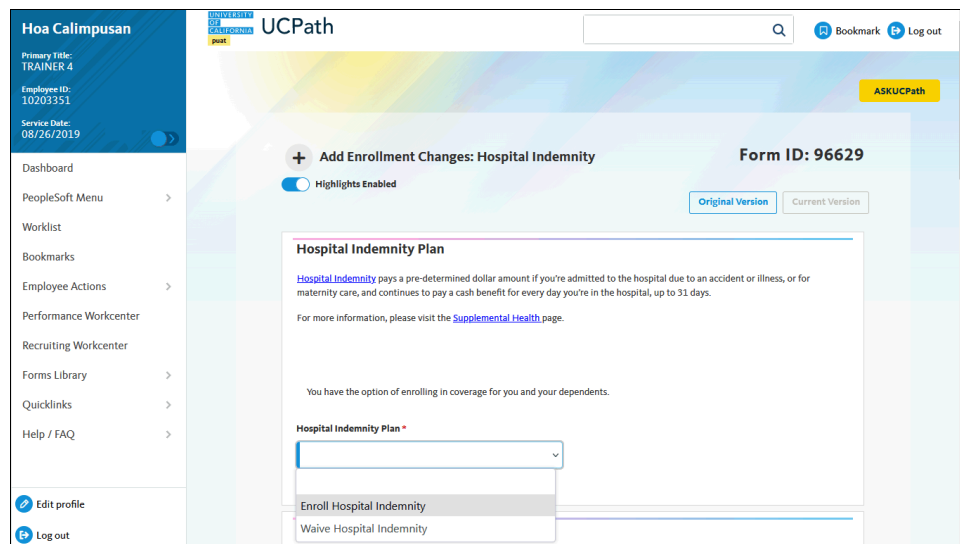
Step	Action
68.	The Supplemental Life Insurance page appears. For this example, accept the defaulted benefit selection.
69.	Click the Next button. 
70.	The Dependent Life Insurance page appears. For this example, accept the defaulted benefit selection.
71.	Click the scroll bar.

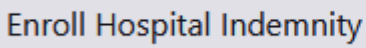


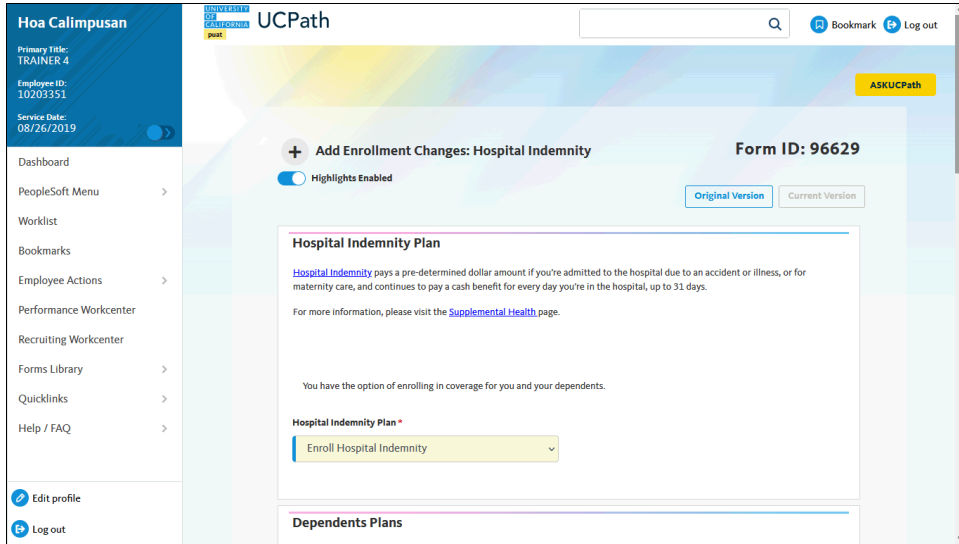
Step	Action
72.	Click the Next button. 

Step	Action
73.	The Voluntary Disability Insurance page appears. For this example, accept the defaulted benefit selections for Short Term Disability (VSTD) and Long Term Disability (VLTD) .
74.	Click the Next button. 

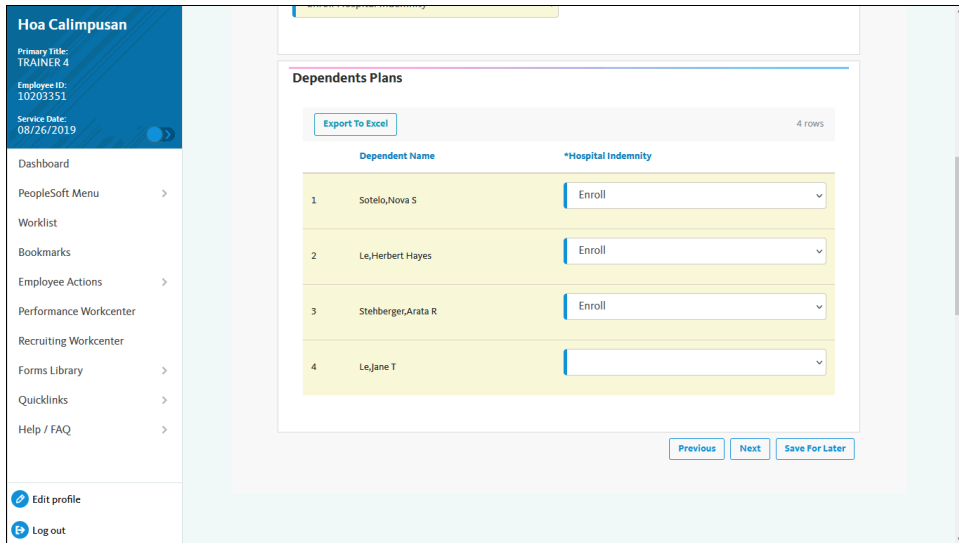
Step	Action
75.	<p>The Hospital Indemnity Plan page appears.</p> <p>Hospital Indemnity Plan is one of (4) four Supplemental Health Plans: Accident Hospital Indemnity Critical Illness Employee (+Ch) Critical Illness Spouse/DP.</p> <p>For more information about the plans, click on the Supplemental Health link.</p>
76.	<p>Click the Hospital Indemnity Plan* drop-down button to select an option from the listed items.</p> 




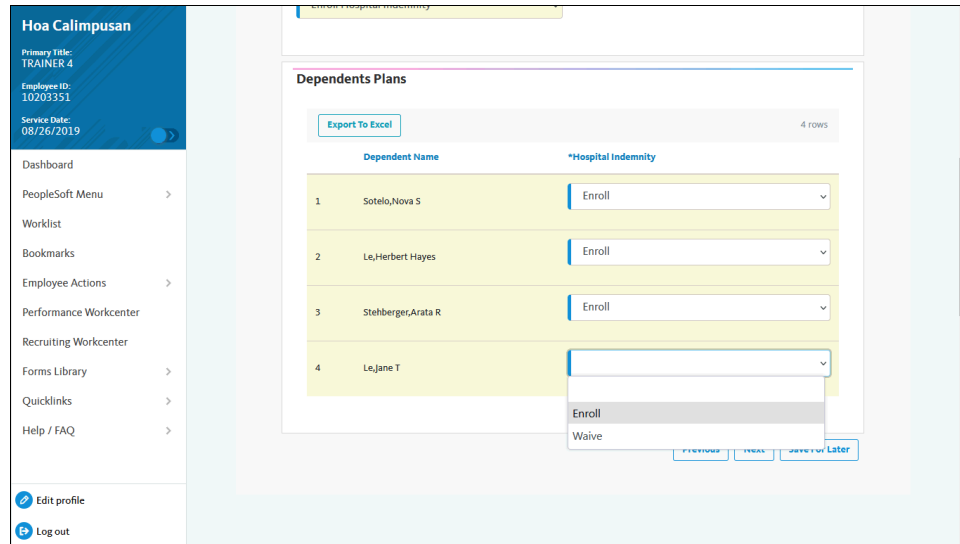
Step	Action
77.	Click the Enroll Hospital Indemnity list item. 

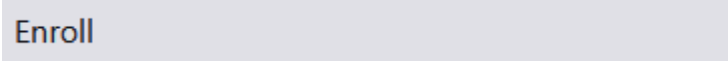


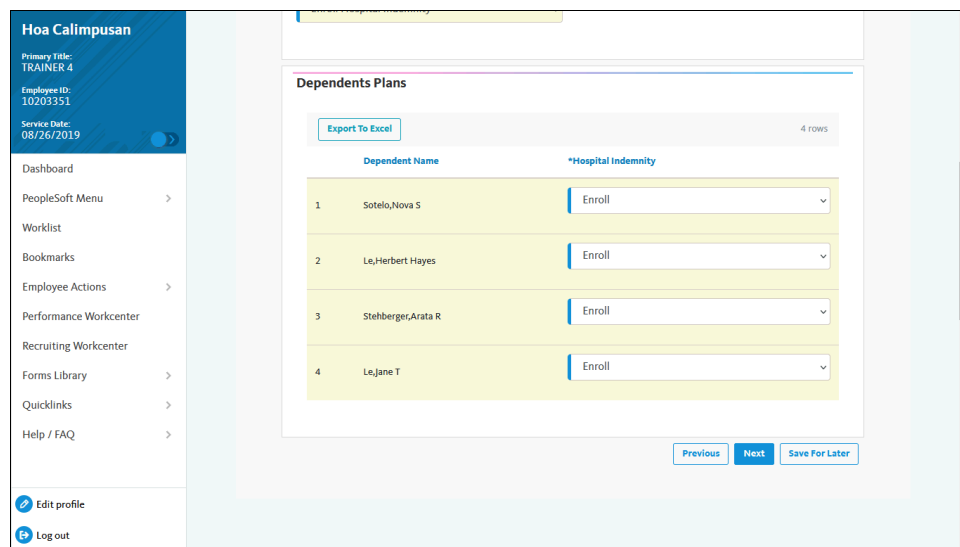
Step	Action
78.	Click the scroll bar.




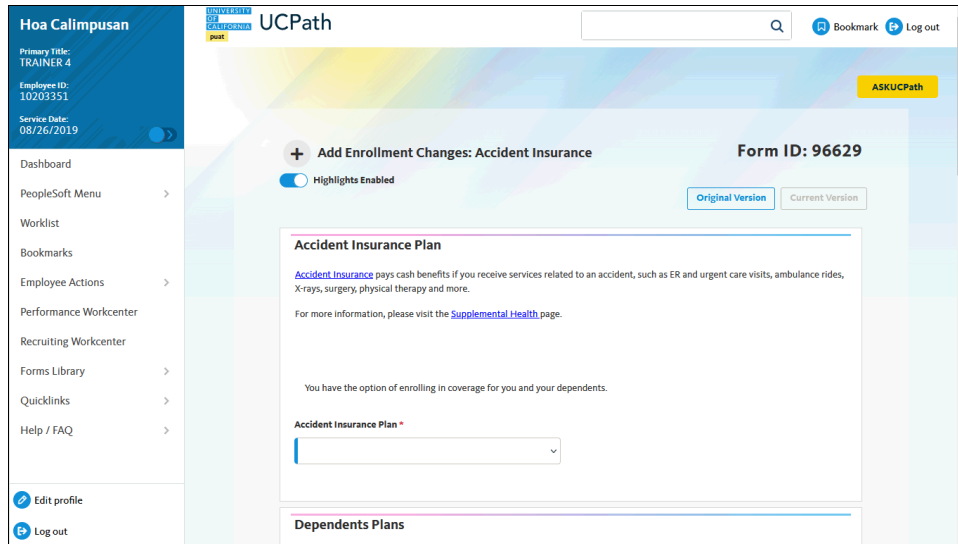
Step	Action
79.	Click the *Hospital Indemnity column drop-down button to activate the menu. 



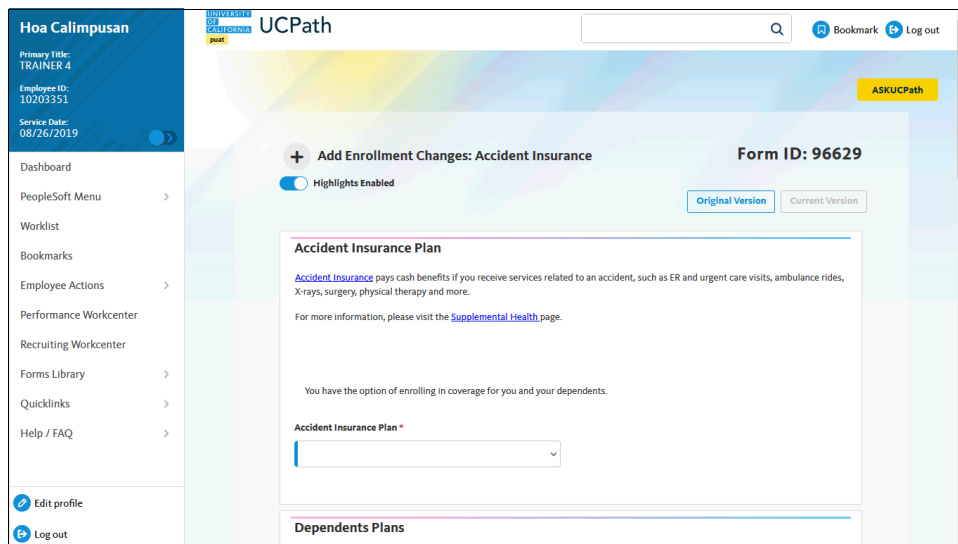
Step	Action
80.	Click the Enroll list item. 




Step	Action
81.	Click the Next button. 

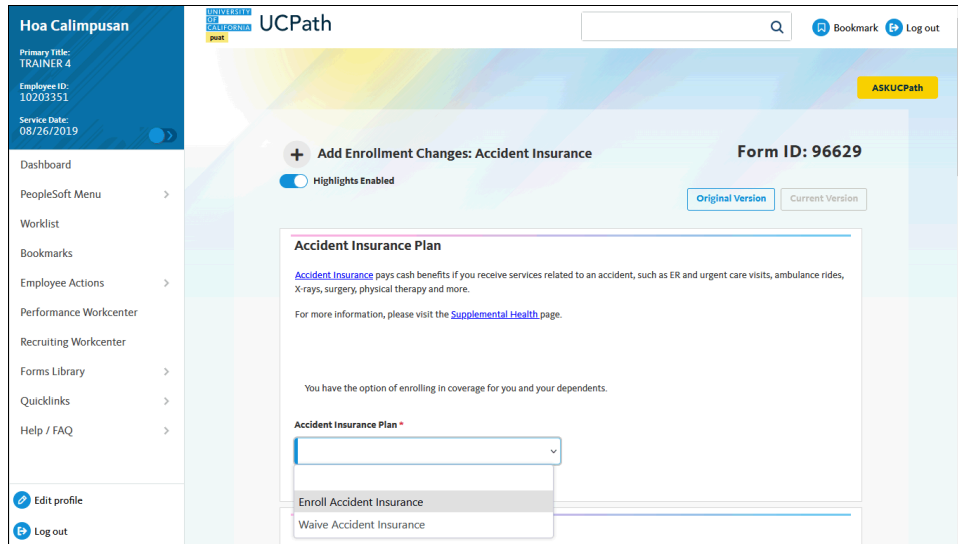


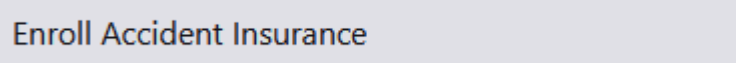
Step	Action
82.	The Accident Insurance Plan page appears. For more information about the Accident Insurance Plan or any of the plans, click on the Supplemental Health link.

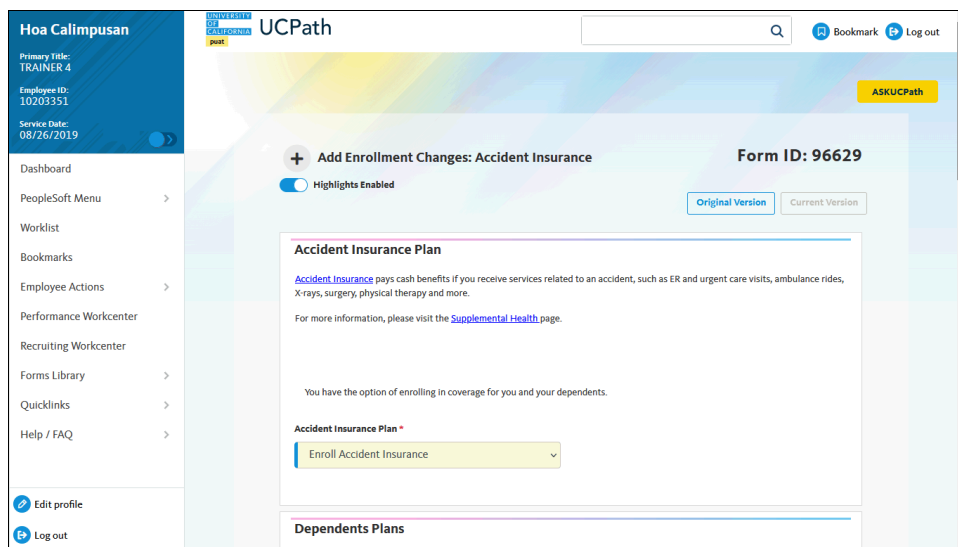


**UCPath Task:
Benefits eForms: Submit Form for Life Event -
Supplemental Health Plans**

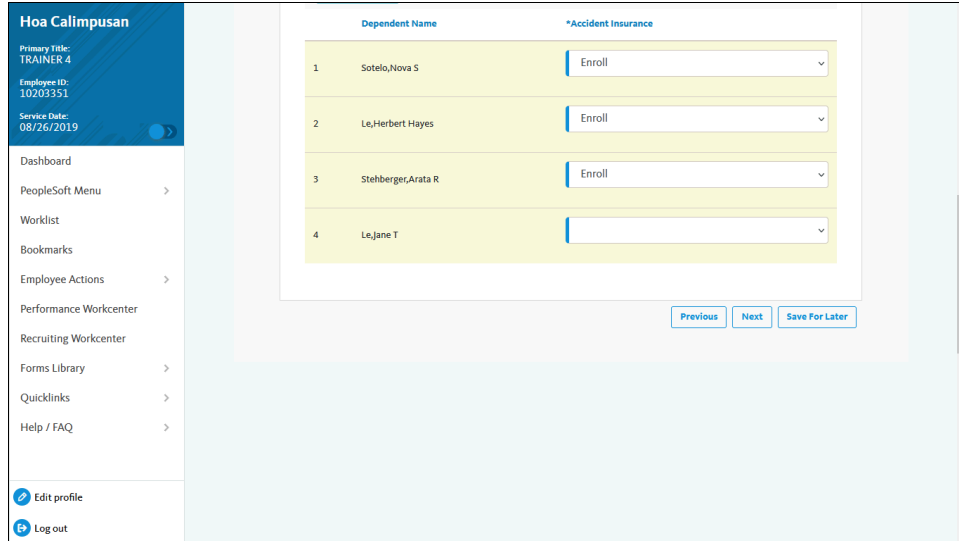
Step	Action
83.	Click in the Accident Insurance Plan* field. 



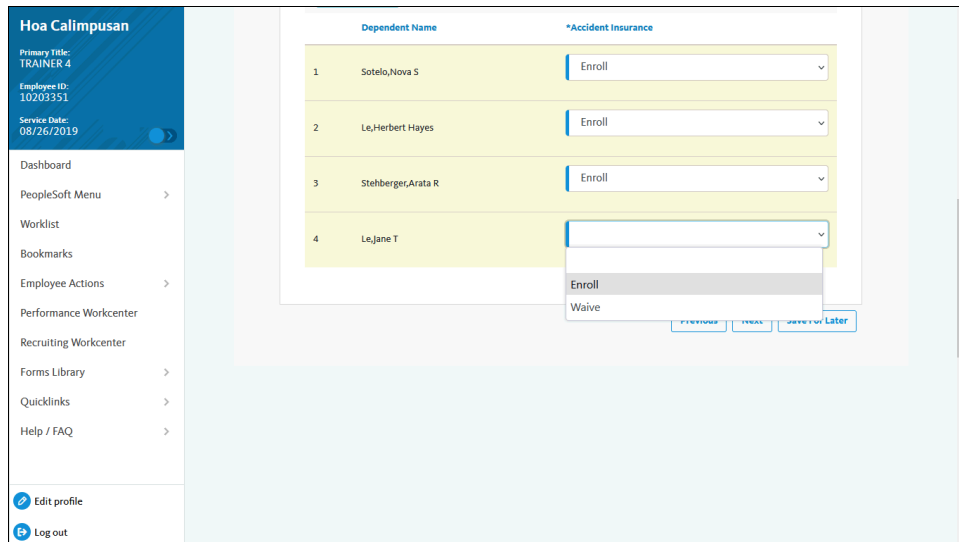
Step	Action
84.	Click the Enroll Accident Insurance list item. 




Step	Action
85.	Click the scroll bar.




Step	Action
86.	Click the *Accident Insurance drop-down button to activate the menu.



Step	Action
87.	Click the Enroll list item. 

Dependent Name	*Accident Insurance
1 Sotelo,Nova S	Enroll
2 Le,Herbert Hayes	Enroll
3 Stehberger,Arata R	Enroll
4 Le,Jane T	Enroll

Step	Action
88.	Click the Next button. 

UCPath | **ASKUCPath** | **Form ID: 96629**

+ Add Enrollment Changes: Critical Illness

Highlights Enabled

[Original Version](#) [Current Version](#)

Critical Illness Coverage

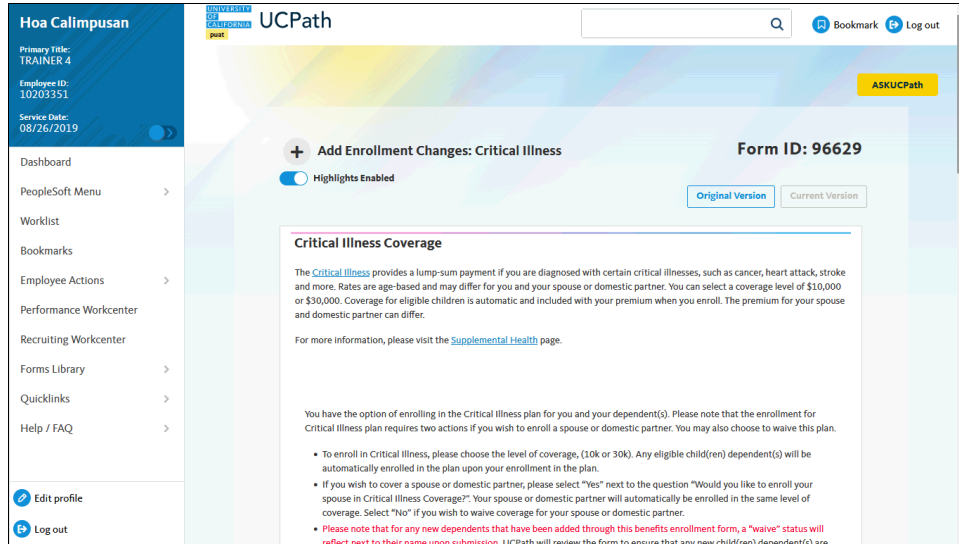
The **Critical Illness** provides a lump-sum payment if you are diagnosed with certain critical illnesses, such as cancer, heart attack, stroke and more. Rates are age-based and may differ for you and your spouse or domestic partner. You can select a coverage level of \$10,000 or \$30,000. Coverage for eligible children is automatic and included with your premium when you enroll. The premium for your spouse and domestic partner can differ.

For more information, please visit the [Supplemental Health](#) page.

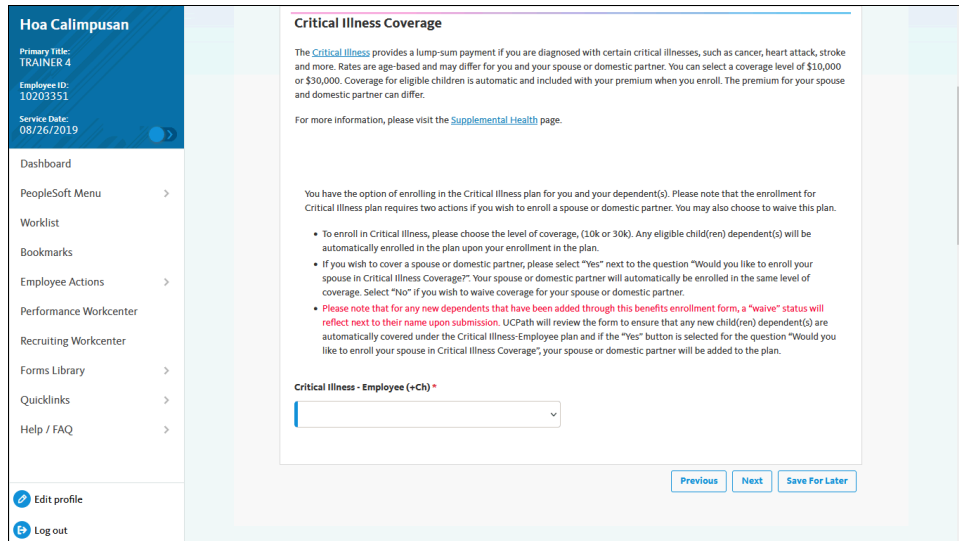
You have the option of enrolling in the Critical Illness plan for you and your dependent(s). Please note that the enrollment for Critical Illness plan requires two actions if you wish to enroll a spouse or domestic partner. You may also choose to waive this plan.


- To enroll in Critical Illness, please choose the level of coverage, (10k or 30k). Any eligible child(ren) dependent(s) will be automatically enrolled in the plan upon your enrollment in the plan.
- If you wish to cover a spouse or domestic partner, please select "Yes" next to the question "Would you like to enroll your spouse in Critical Illness Coverage?". Your spouse or domestic partner will automatically be enrolled in the same level of coverage. Select "No" if you wish to waive coverage for your spouse or domestic partner.
- Please note that for any new dependents that have been added through this benefits enrollment form, a "waive" status will reflect next to their name upon submission. UCPath will review the form to ensure that any new child(ren) dependent(s) are

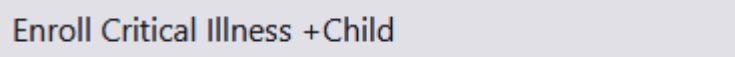
Step	Action
89.	The Critical Illness Coverage page appears. For more information about the Critical Illness Coverage or any of the plans, click on the Supplemental Health link.




Step	Action
90.	Click the scroll bar.

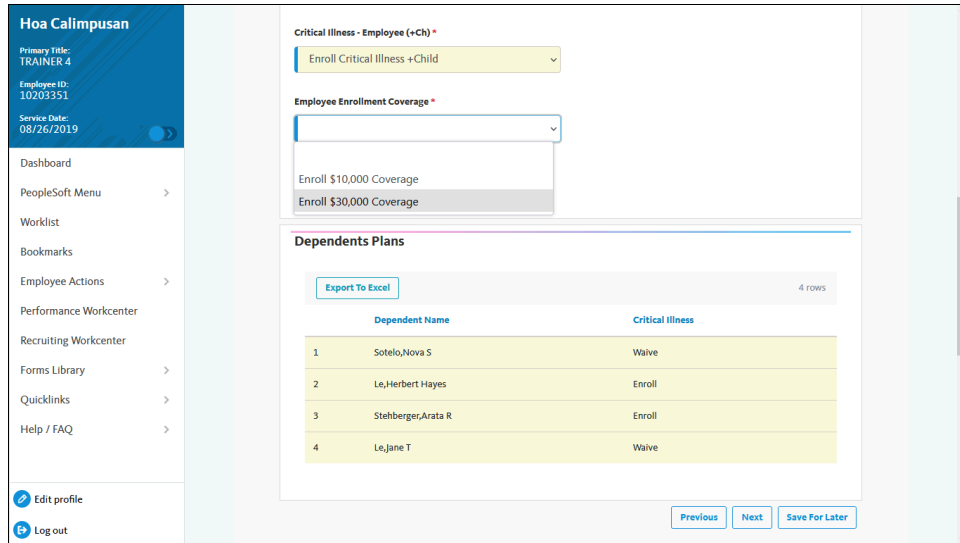


Step	Action
91.	Click the Critical Illness - Employee (+Ch)* drop-down button to activate the menu. 

Step	Action
92.	Click the Enroll Critical Illness +Child list item. 

Dependent Name	Critical Illness
1 Sotelo,Nova S	Waive
2 Le,Herbert Hayes	Enroll
3 Stehberger,Arata R	Enroll
4 Le,Jane T	Waive

Step	Action
93.	Click the Employee Enrollment Coverage* drop-down button to activate the menu. 



Hoa Calimpusan
Primary Title: TRAINER 4
Employee ID: 10203351
Service Date: 08/26/2019

Dashboard
PeopleSoft Menu >
Worklist
Bookmarks
Employee Actions >
Performance Workcenter
Recruiting Workcenter
Forms Library >
Quicklinks >
Help / FAQ >

Edit profile
Log out

Critical Illness - Employee (+CH) *
Enroll Critical Illness +Child

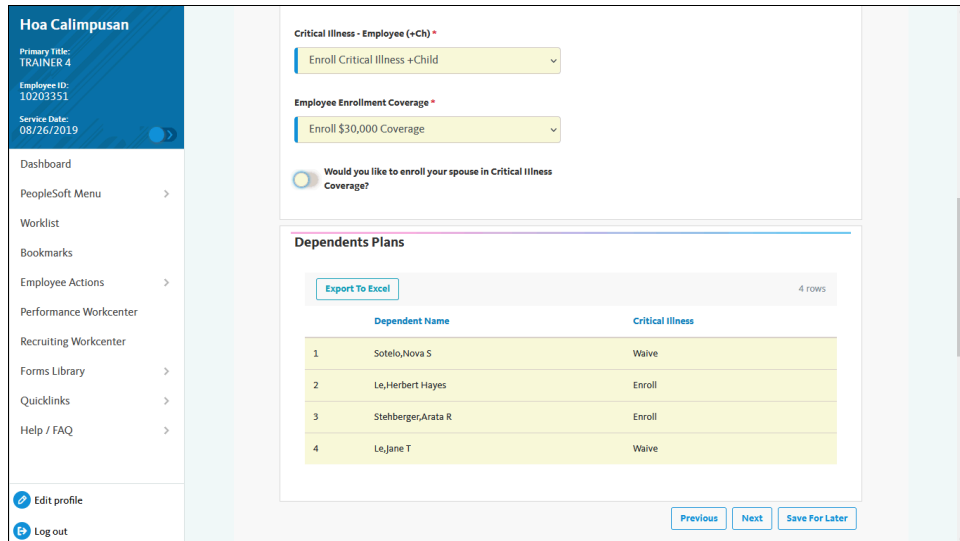
Employee Enrollment Coverage *
Enroll \$10,000 Coverage
Enroll \$30,000 Coverage

Dependents Plans
Export To Excel 4 rows

Dependent Name	Critical Illness
1 Sotelo,Nova S	Waive
2 Le,Herbert Hayes	Enroll
3 Stehberger,Arata R	Enroll
4 Le,Jane T	Waive

Previous Next Save For Later

Step	Action
94.	Click the Enroll \$30,000 Coverage list item. 



Hoa Calimpusan
Primary Title: TRAINER 4
Employee ID: 10203351
Service Date: 08/26/2019

Dashboard
PeopleSoft Menu >
Worklist
Bookmarks
Employee Actions >
Performance Workcenter
Recruiting Workcenter
Forms Library >
Quicklinks >
Help / FAQ >

Edit profile
Log out

Critical Illness - Employee (+CH) *
Enroll Critical Illness +Child


Employee Enrollment Coverage *
Enroll \$30,000 Coverage

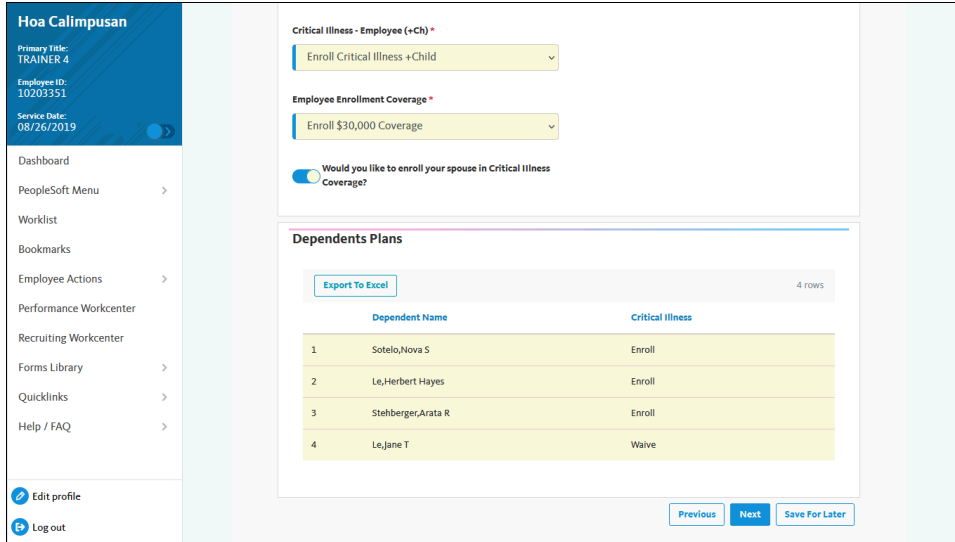
Would you like to enroll your spouse in Critical Illness Coverage?

Dependents Plans
Export To Excel 4 rows

Dependent Name	Critical Illness
1 Sotelo,Nova S	Waive
2 Le,Herbert Hayes	Enroll
3 Stehberger,Arata R	Enroll
4 Le,Jane T	Waive

Previous Next Save For Later

Step	Action
95.	<p>To enroll a Spouse or Domestic Partner, click the button to toggle to yes.</p> <p>Click the Would you like to enroll your spouse in Critical Illness Coverage? option.</p> 



Hoa Calimpusan
Primary Title: TRAINER 4
Employee ID: 10203351
Service Date: 08/26/2019

Dashboard
PeopleSoft Menu >
Worklist
Bookmarks
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Recruiting Workcenter
Forms Library >
Quicklinks >
Help / FAQ >

[Edit profile](#)
[Log out](#)

Critical Illness - Employee (+CH) *
Enroll Critical Illness +Child


Employee Enrollment Coverage *
Enroll \$30,000 Coverage

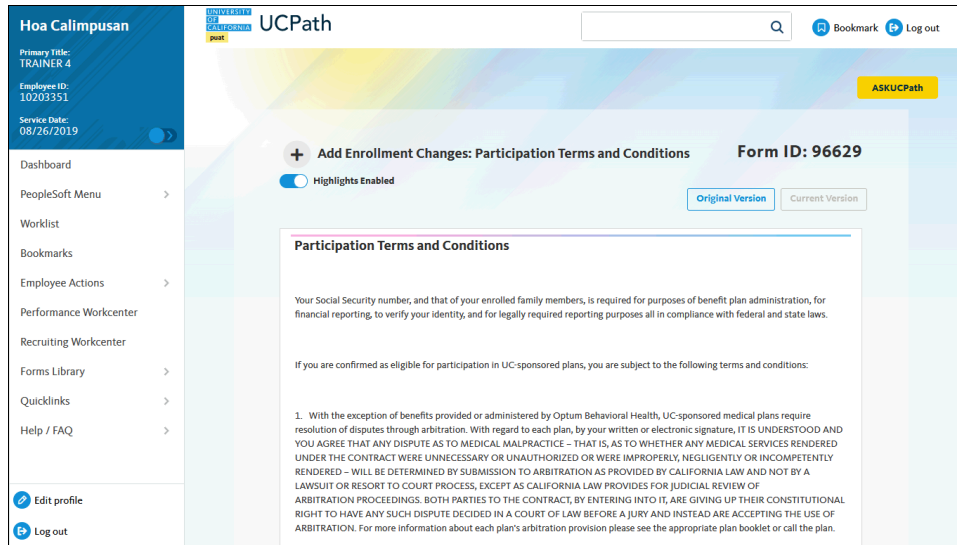
Would you like to enroll your spouse in Critical Illness Coverage?

Dependents Plans
[Export To Excel](#) 4 rows

	Dependent Name	Critical Illness
1	Sotelo,Nova S	Enroll
2	Le,Herbert Hayes	Enroll
3	Stehberger,Arata R	Enroll
4	Le,Jane T	Waive

[Previous](#) [Next](#) [Save For Later](#)

Step	Action
96.	Note: Any new dependent children added through this benefits enrollment form will show a status of Waive next to their name upon submission.
97.	Click the Next button. 



The screenshot shows the UCPath interface for user Hoa Calimpusan. The left sidebar contains navigation options: Dashboard, PeopleSoft Menu, Worklist, Bookmarks, Employee Actions, Performance Workcenter, Recruiting Workcenter, Forms Library, Quicklinks, and Help / FAQ. The main content area displays a form titled "Add Enrollment Changes: Participation Terms and Conditions" with Form ID: 96629. A toggle for "Highlights Enabled" is visible. The form content includes a warning about Social Security numbers and a list of terms and conditions, starting with a requirement for arbitration.

UCPath Task:
Benefits eForms: Submit Form for Life Event -
Supplemental Health Plans

Step	Action
98.	Read all of the Participation Terms and Conditions sections as you scroll down this page. Note: This simulation does not show all of the page content and skips to the next action item.
99.	Click the scroll bar.

Hoa Calimpusan
Primary Title: TRAINER 4
Employee ID: 10203351
Service Date: 08/26/2019

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL.

BY SELECTING YES, I AM ELECTRONICALLY SIGNING AND ACCEPTING THE ABOVE ARBITRATION TERMS PERTAINING TO KAISER FOUNDATION HEALTH PLANS. *

For more information about each plan's arbitration provision please see the appropriate plan booklet or call the plan.

Additional Terms and Conditions

1. UC and UC health and welfare plan vendors comply with federal/state regulations related to the privacy of personal/confidential information including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as applicable. To fulfill the responsibilities and perform the service required under contracts with UC, health plans and associated service vendors may share UC member health information between and among each other within the limits established by HIPAA and federal/state regulations for purposes of health care operations, payment, and treatment. A member's requested restriction on the sharing of specified protected health information for health care operations, payment, and treatment will be honored as required by HIPAA.
2. By making an election with your written or electronic

Step	Action
100.	The ARBITRATION section requires an electronic signature.

Hoa Calimpusan
Primary Title: TRAINER 4
Employee ID: 10203351
Service Date: 08/26/2019


NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL.

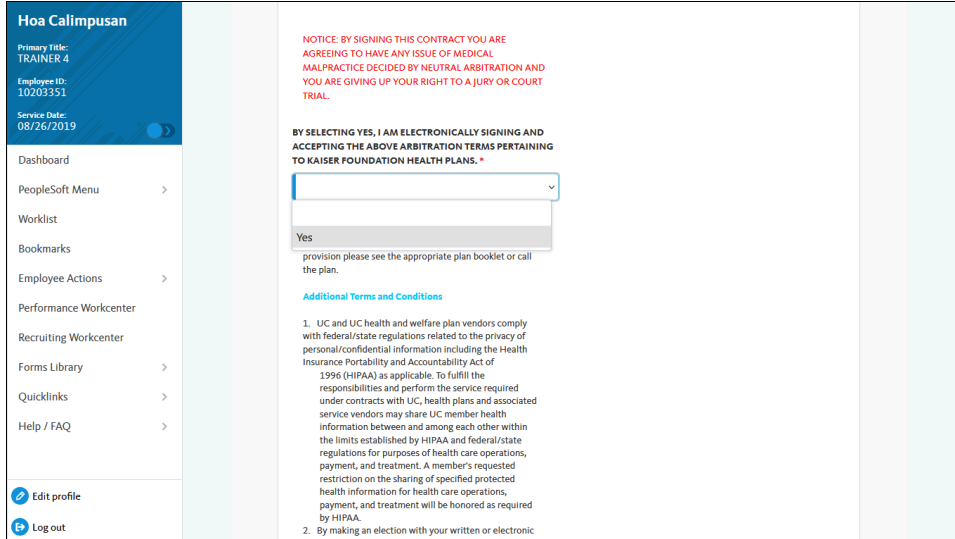
BY SELECTING YES, I AM ELECTRONICALLY SIGNING AND ACCEPTING THE ABOVE ARBITRATION TERMS PERTAINING TO KAISER FOUNDATION HEALTH PLANS. *

For more information about each plan's arbitration provision please see the appropriate plan booklet or call the plan.

Additional Terms and Conditions

1. UC and UC health and welfare plan vendors comply with federal/state regulations related to the privacy of personal/confidential information including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as applicable. To fulfill the responsibilities and perform the service required under contracts with UC, health plans and associated service vendors may share UC member health information between and among each other within the limits established by HIPAA and federal/state regulations for purposes of health care operations, payment, and treatment. A member's requested restriction on the sharing of specified protected health information for health care operations, payment, and treatment will be honored as required by HIPAA.
2. By making an election with your written or electronic

Step	Action
101.	<p>Click the BY SELECTING YES, I AM ELECTRONICALLY SIGNING AND ACCEPTING THE ABOVE ARBITRATION TERMS PERTAINING TO KAISER FOUNDATION HEALTH PLANS.* drop-down button to activate the menu.</p> 



Hoa Calimpusan
Primary Title: TRAINER 4
Employee ID: 10203351
Service Date: 08/26/2019

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL.

BY SELECTING YES, I AM ELECTRONICALLY SIGNING AND ACCEPTING THE ABOVE ARBITRATION TERMS PERTAINING TO KAISER FOUNDATION HEALTH PLANS.*

Yes

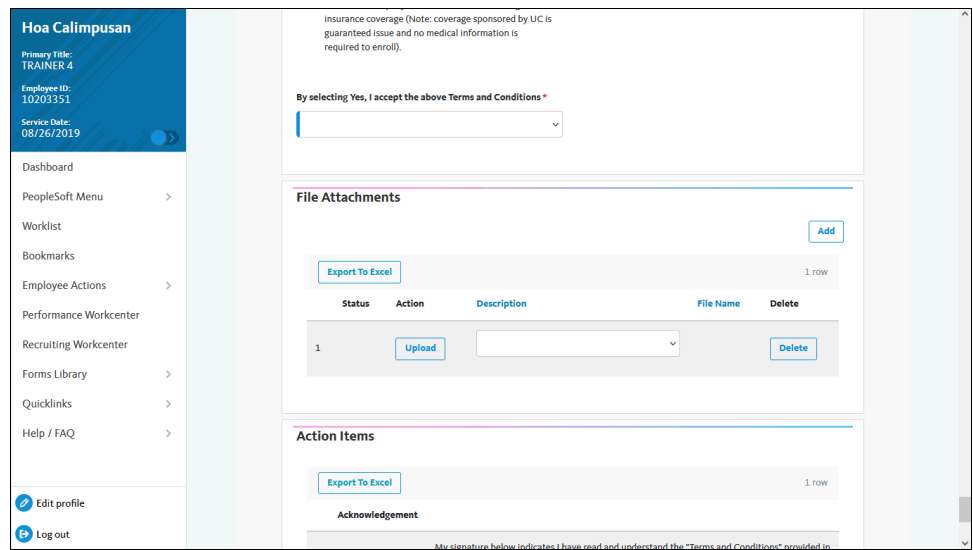
provision please see the appropriate plan booklet or call the plan.

Additional Terms and Conditions

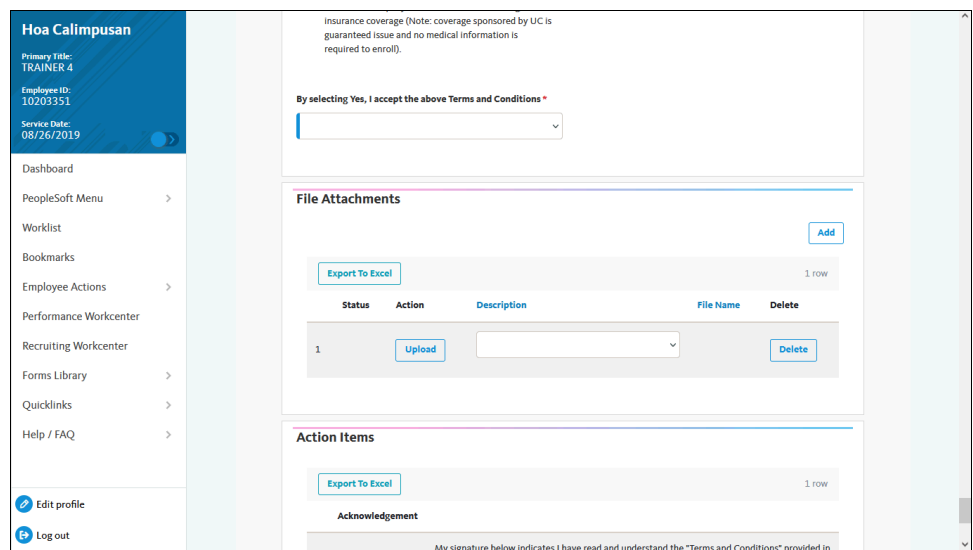
1. UC and UC health and welfare plan vendors comply with federal/state regulations related to the privacy of personal/confidential information including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as applicable. To fulfill the responsibilities and perform the service required under contracts with UC, health plans and associated service vendors may share UC member health information between and among each other within the limits established by HIPAA and federal/state regulations for purposes of health care operations, payment, and treatment. A member's requested restriction on the sharing of specified protected health information for health care operations, payment, and treatment will be honored as required by HIPAA.
2. By making an election with your written or electronic


UCPath Task:
Benefits eForms: Submit Form for Life Event -
Supplemental Health Plans

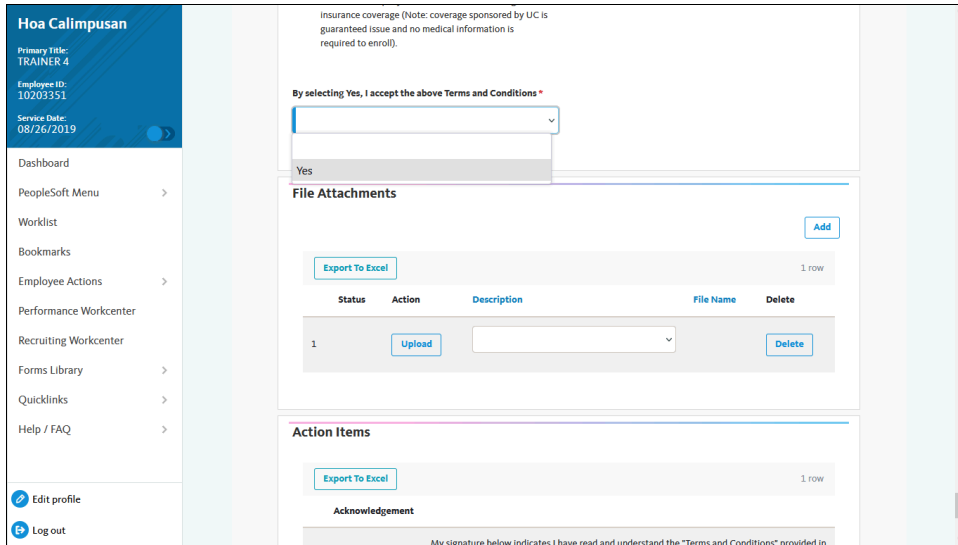
Step	Action
102.	Click the Yes list item. Yes
103.	Click the scroll bar.



Step	Action
104.	The Terms and Conditions section requires an electronic signature.



Step	Action
105.	Click the By selecting Yes, I accept the above Terms and Conditions* drop-down button to activate the menu. 



Insurance coverage (Note: coverage sponsored by UC is guaranteed issue and no medical information is required to enroll).

By selecting Yes, I accept the above Terms and Conditions *

Yes

File Attachments

Export To Excel 1 row

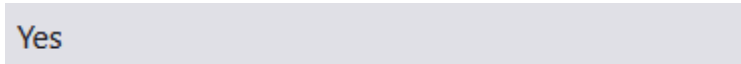
Status	Action	Description	File Name	Delete
1	Upload			Delete

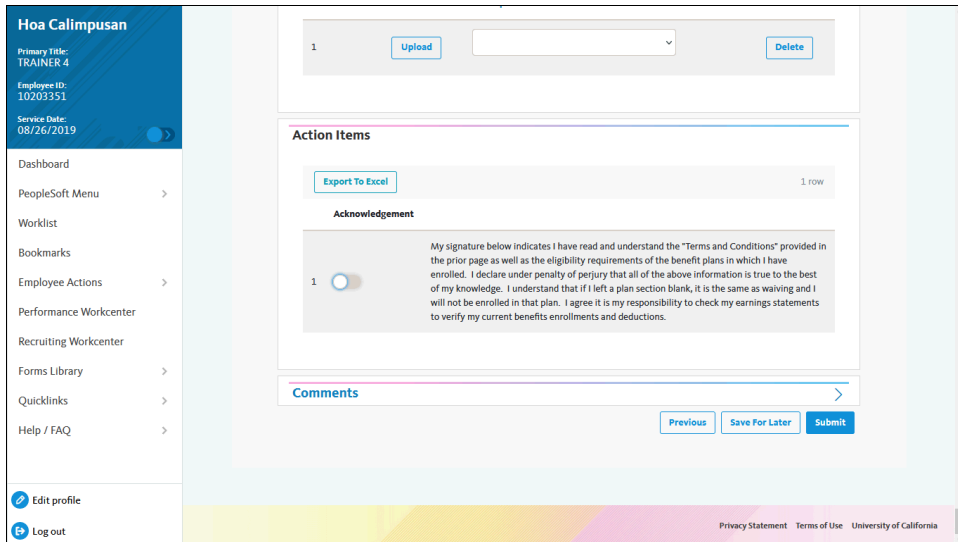
Action Items

Export To Excel 1 row

Acknowledgement

My signature below indicates I have read and understand the "Terms and Conditions" provided in

Step	Action
106.	Click the Yes list item. 



1 Upload Delete

Action Items

Export To Excel 1 row

Acknowledgement


1 My signature below indicates I have read and understand the "Terms and Conditions" provided in the prior page as well as the eligibility requirements of the benefit plans in which I have enrolled. I declare under penalty of perjury that all of the above information is true to the best of my knowledge. I understand that if I left a plan section blank, it is the same as waiving and I will not be enrolled in that plan. I agree it is my responsibility to check my earnings statements to verify my current benefits enrollments and deductions.


Comments

Previous Save For Later Submit

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UCPath Task:
Benefits eForms: Submit Form for Life Event -
Supplemental Health Plans

Step	Action
107.	Click the Acknowledgement button. 

Step	Action
108.	Click the Submit button. 

ACKNOWLEDGEMENT	DESCRIPTION	USER	TIME STAMP
1 Yes	My signature below indicates I have read and understand the "Terms and Conditions" provided in the prior page as well as the eligibility requirements of the benefit plans in which I have enrolled. I declare under penalty of perjury that all of the above information is true to the best of my knowledge. I understand that if I left a plan section blank, it is the same as waiving and I will not be enrolled in that plan. I agree it is my responsibility to check my earnings statements to verify my current benefits enrollments and deductions.	10203351	08/25/22 1:31:28.000000PM

Step	Action
109.	The Action Item Log provides a Time Stamp confirmation. Use the Print button to create a PDF of the submitted form to keep for your records.
110.	You have completed a Benefits eForm for Supplemental Health Plans enrollment. End of Procedure.