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)
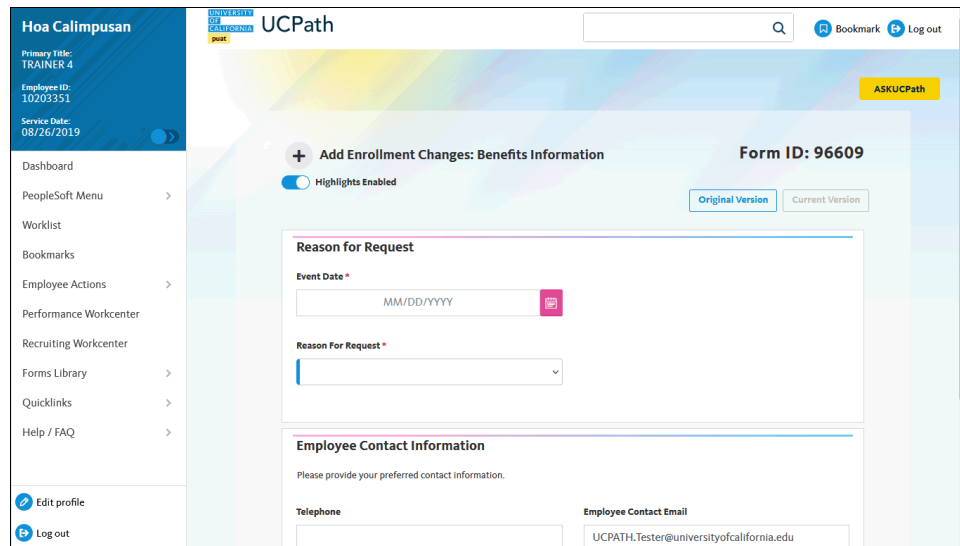
Menu Navigation:
Forms Library > Access Forms > **Benefits eForms: Submit New Form**

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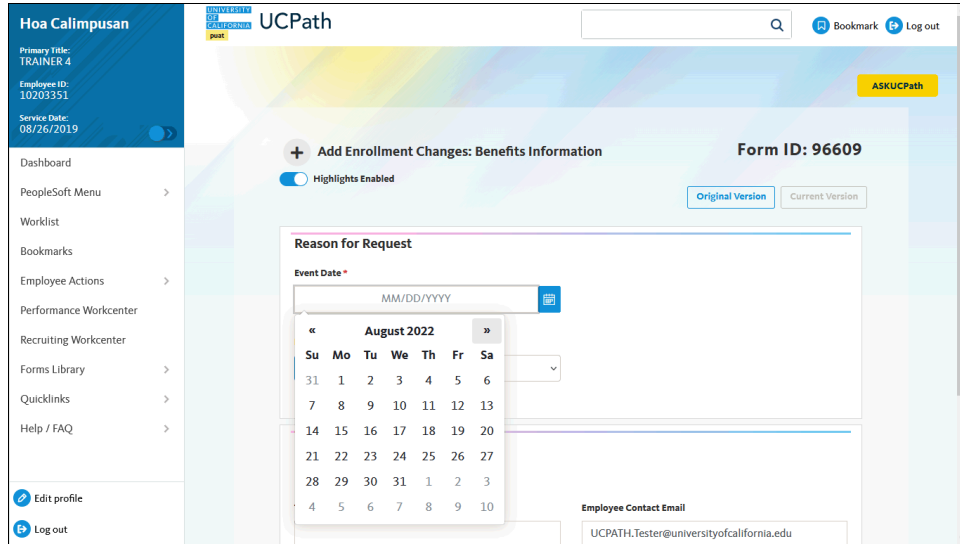
| Step	Action
1.	**Event Date**: The **Event Date** for a Life Event must be in the past. A benefits change for a future dated Life Event cannot be processed prior to the event date. **Late Enrollment**: The Benefits eForms recognize if the **Event Date** is outside of the Period of Initial Eligibility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

Step	Action
2.	Click the **Calendar** button.

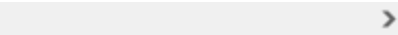| Step	Action
3.	Click the **»** button to navigate to the desired month.
4.	Click **1** to select the day.
5.	Click the **Reason For Request*** drop-down button to select an option from the listed items.

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UCPath Task:
Benefits eForms: Submit Form for Life Event -
Supplemental Health Plans
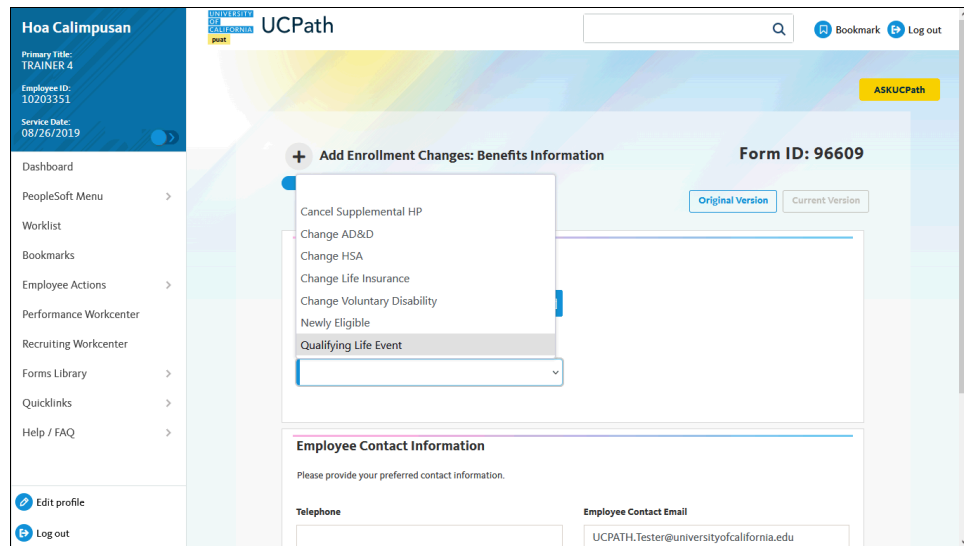
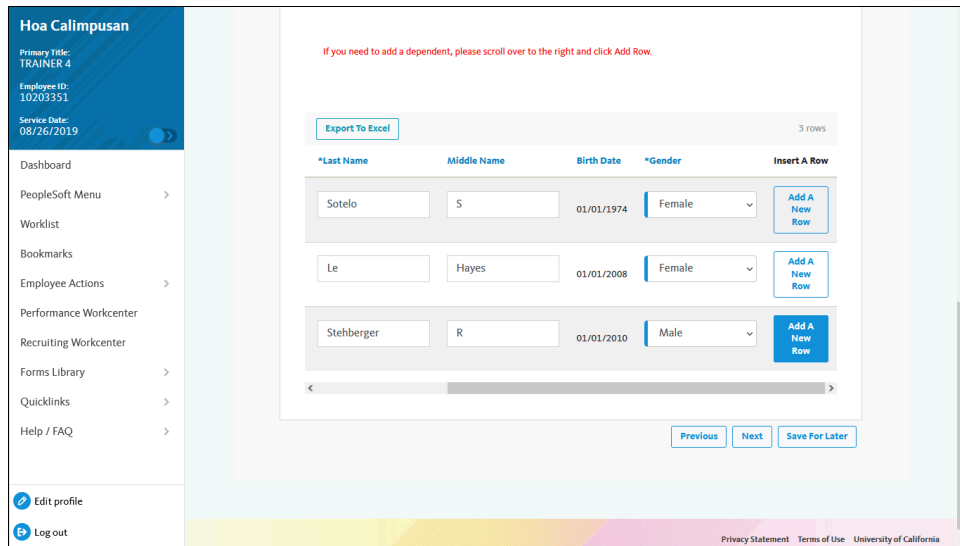| Step	Action
6.	Click the **Qualifying Life Event** list item. Qualifying Life Event
7.	Click the **Life Event Reason*** drop-down button to select an option from the listed items. ⌄
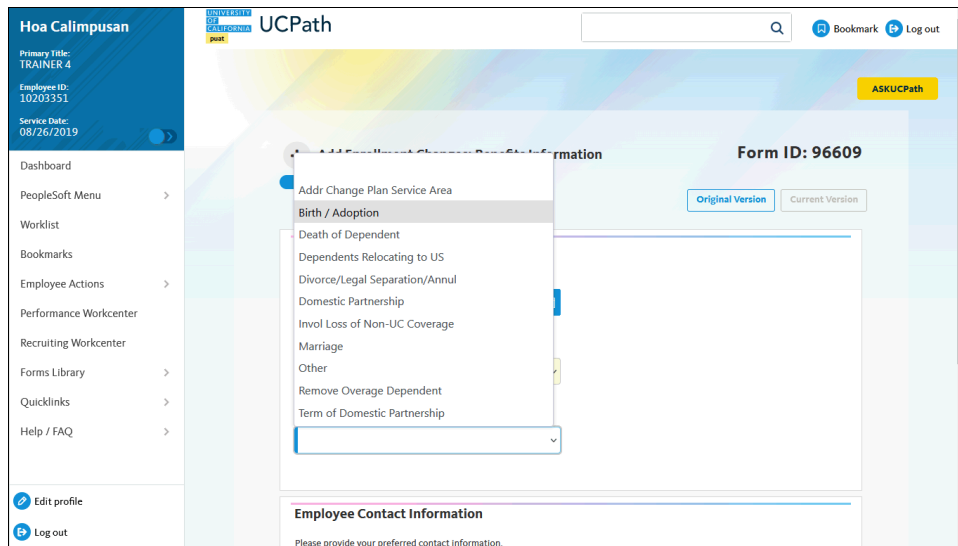
Step	Action
8.	Click the **Birth / Adoption** list item.

Birth / Adoption

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. Next
12.	Click the scroll bar.
13.	Click the scroll bar. >

Step	Action
14.	In this example, we click **Add A New Row** to add the new dependent. Click the **Add A New Row** button. **Add A New Row**
15.	Click in the ***First Name** column field.
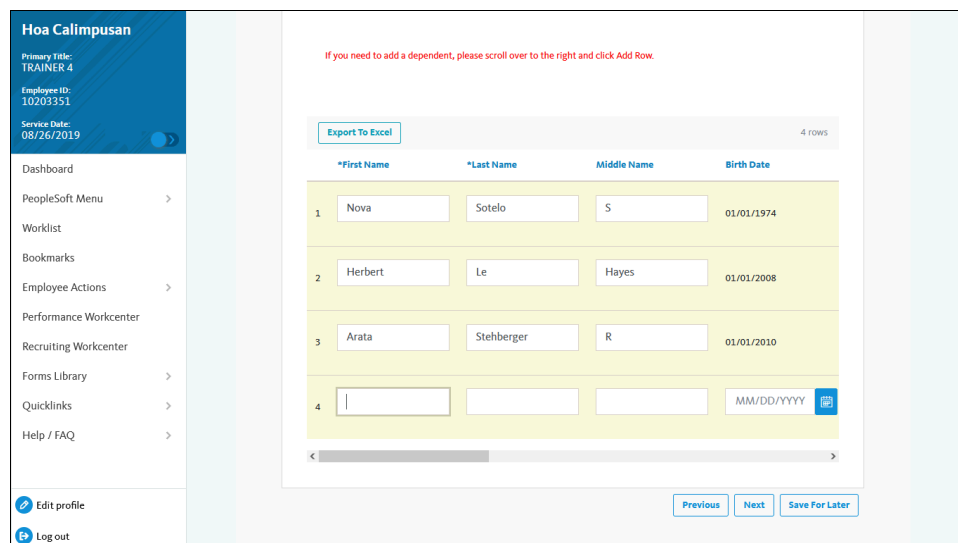
Step	Action
16.	Enter the desired information into the ***First Name** column field. For this example, enter **Jane**.
17.	Click in the ***Last Name** column field.
18.	Enter the desired information into the ***Last Name** column field. For this example, enter **Le**.
19.	Click in the **Middle Name** column field.

Step	Action
20.	Enter the desired information into the **Middle Name** column field. For this example, enter **T**.
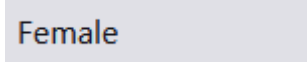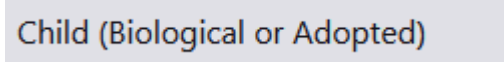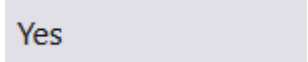
Step	Action
21.	To add the dependent's **Birth Date,** click the **Calendar** button.
22.	Click **1** to select the day.

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Supplemental Health Plans

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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. Female
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. Child (Biological or Adopted)
28.	Click in the **Employee Tax Dependent?** drop-down button to select an option from the listed items.
29.	Click the **Yes** list item. Yes
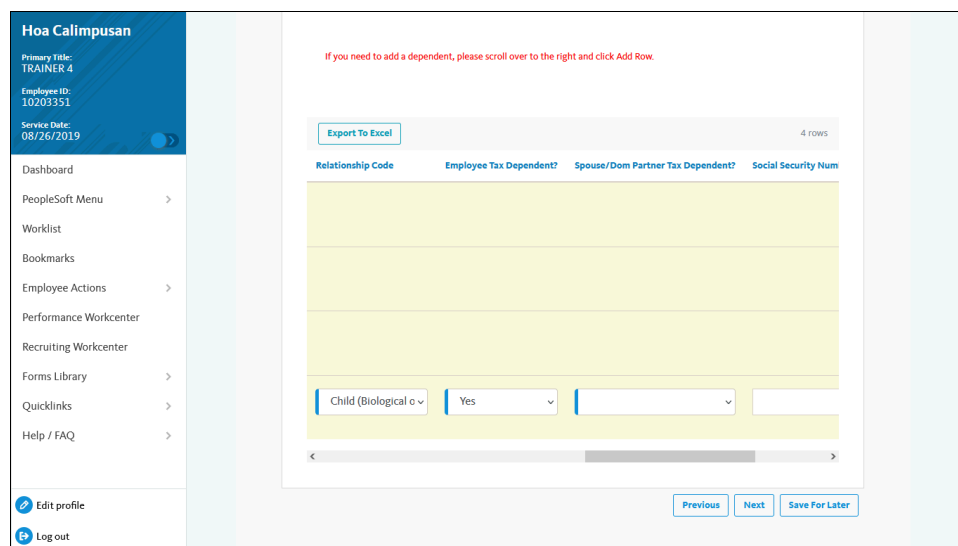
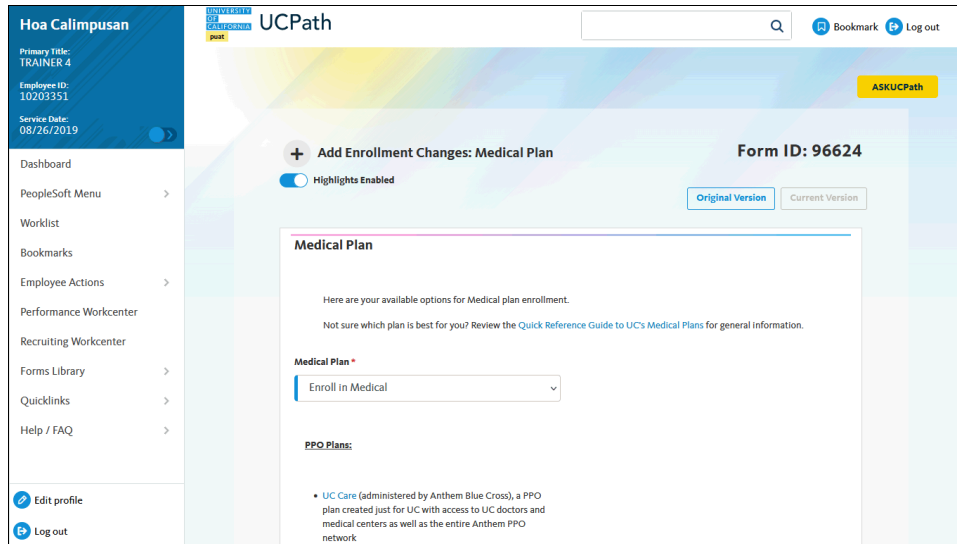| Step	Action
30.	Click in the **Spouse/Dom Partner Tax Dependent?** drop-down button to select an option from the listed items.
31.	Click the **No** list item. No

Step	Action
32.	Click the **Next** button. ![Next]

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.

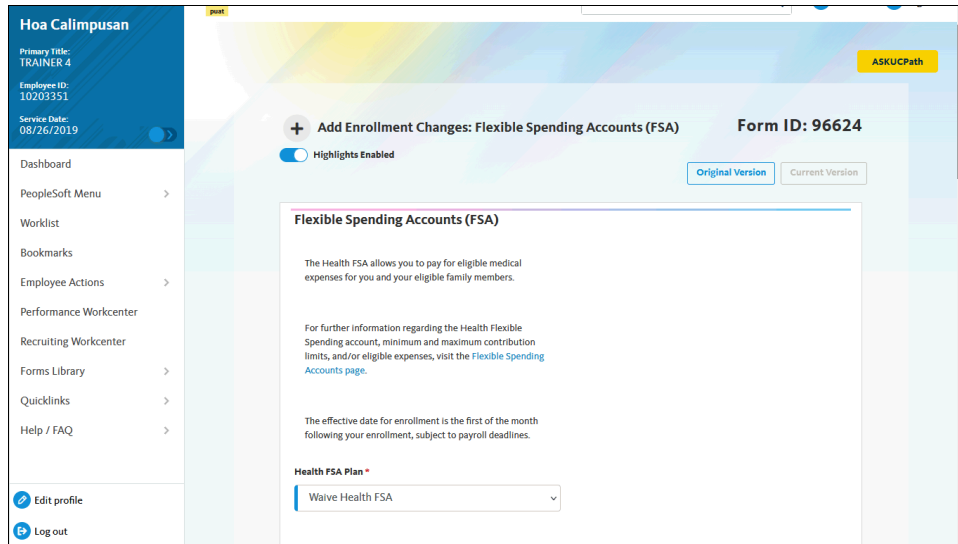| Step	Action
36.	There are three **PPO Plans** and two **HMO Plans** to choose from.
	Blue text throughout the Benefits eForms provide links to additional information.
	For example, click the blue plan names on this page to access details for each plan.

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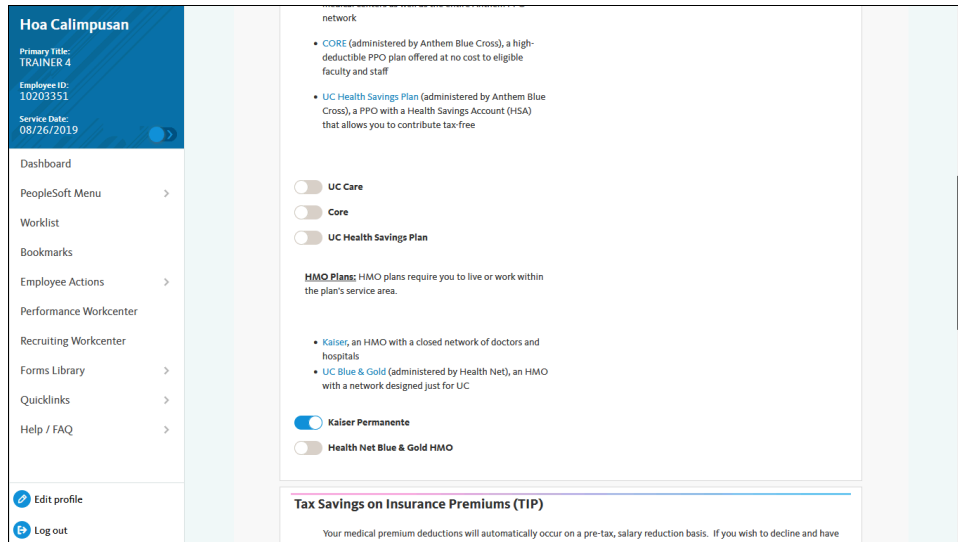
Step	Action
37.	For this example, accept the default selection of **Kaiser Permanente**.
38.	Click the scroll bar.
39.	In the **Dependents Plans** section, use this to **Enroll** or **Waive** dependents in ***Medical**.
40.	Click the ***Medical** drop-down button to select an option from the listed items.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

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

Dependents Plans

Export To Excel   4 rows

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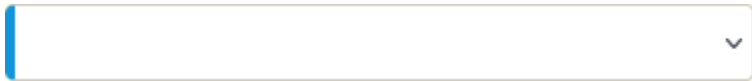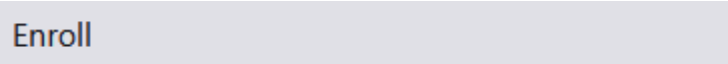
Previous   Next   Save For Later

Privacy Statement   Terms of Use   University of California
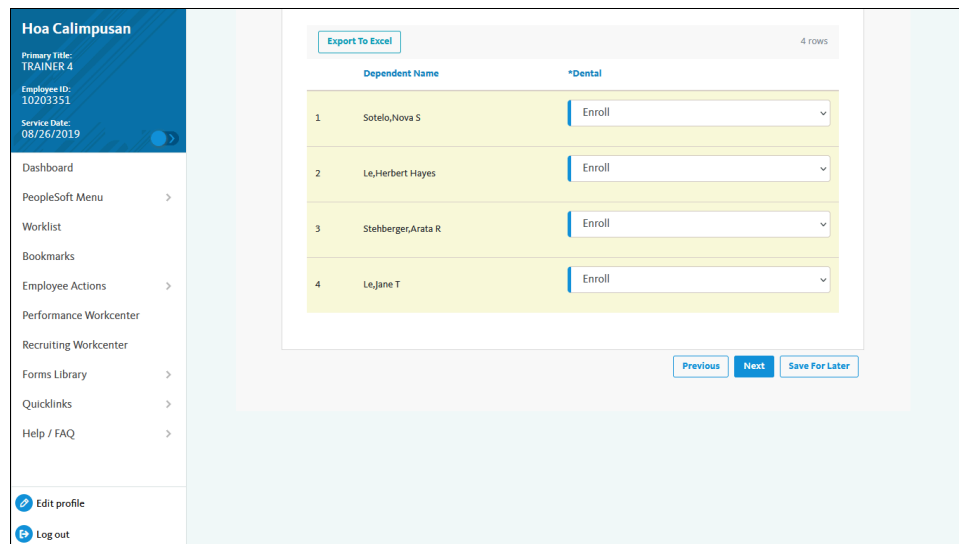
Step	Action
42.	Click the **Next** button. ![Next]

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. Next

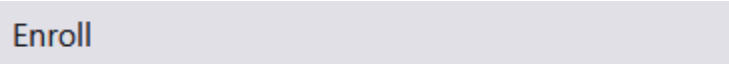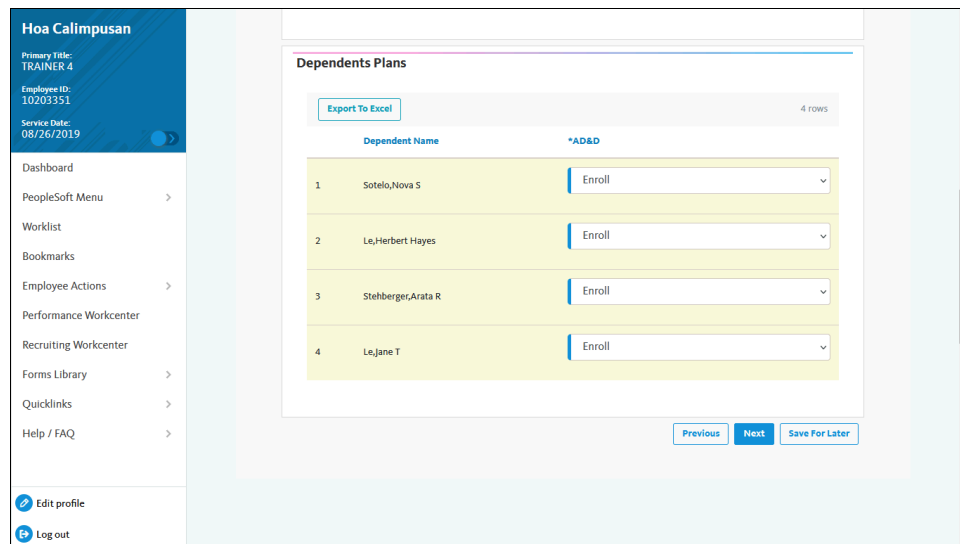| Step	Action
48.	The **Dental Plan** page appears. For this example, accept the defaulted benefit selection.
49.	Click the scroll bar.
50.	Click the ***Dental** drop-down button to select an option from the listed items. [drop-down box with ∨]
51.	Click the **Enroll** list item. Enroll

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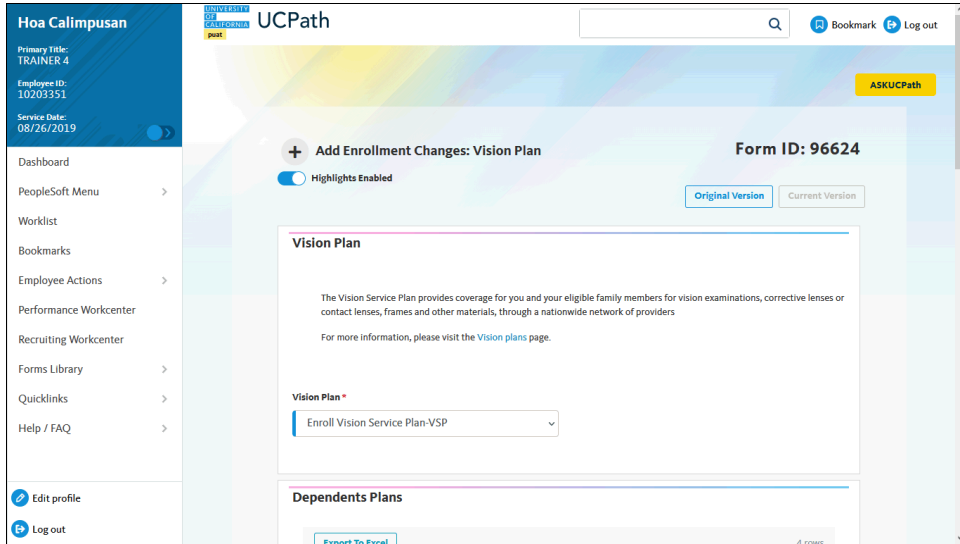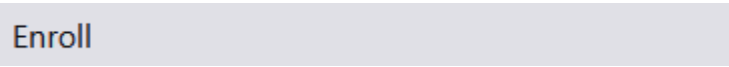
Step	Action
53.	The **Vision Plan** page appears. For this example, accept the defaulted benefit selection.
54.	Click the scroll bar.
55.	Click the ***Vision** drop-down button to select an option from the listed items.
56.	Click the **Enroll** list item.
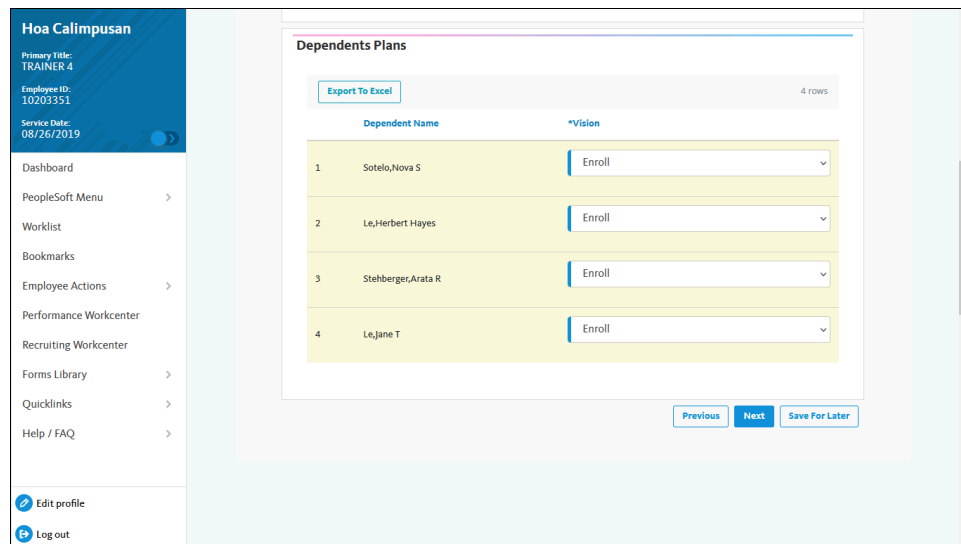
Step	Action
57.	Click the **Next** button.
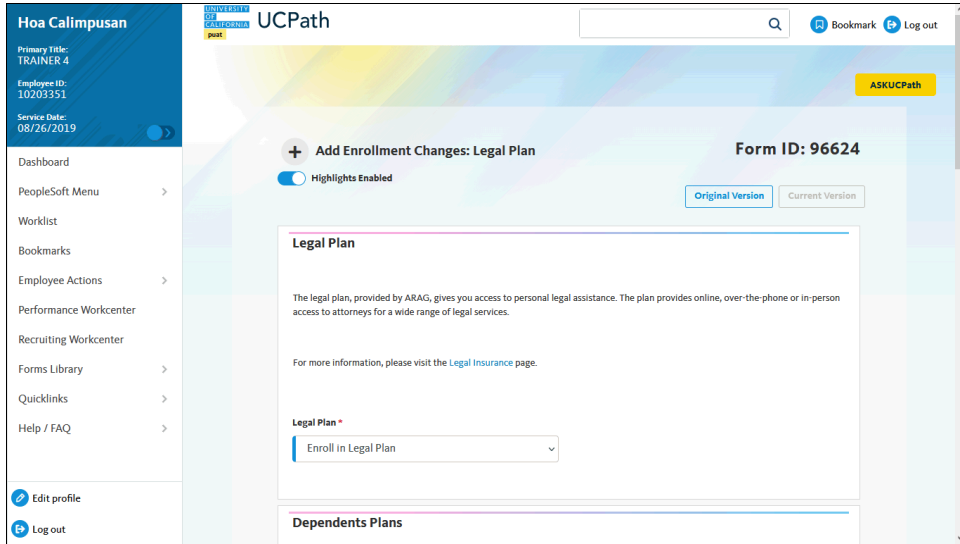
Step	Action
58.	The **Legal Plan** page appears. For this example, accept the defaulted benefit selection.
59.	Click the scroll bar.
60.	Click the ***Legal** column drop-down button to select an option from the listed items.. ⌄
61.	Click the **Enroll** list item. Enroll

Step	Action
62.	Click the **Next** button. Next

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. Enroll

Step	Action
67.	Click the **Next** button.

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.

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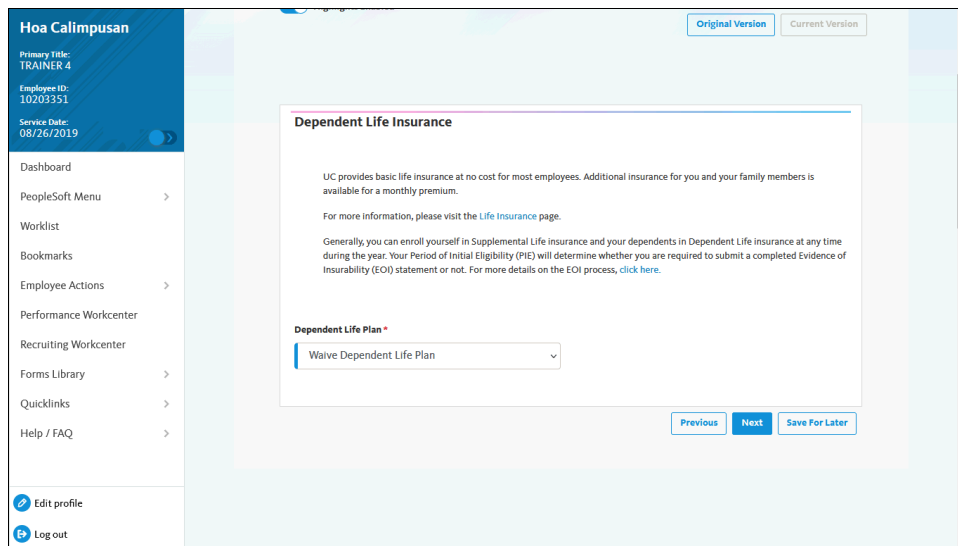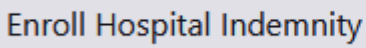
Step	Action
72.	Click the **Next** button. Next

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. Next

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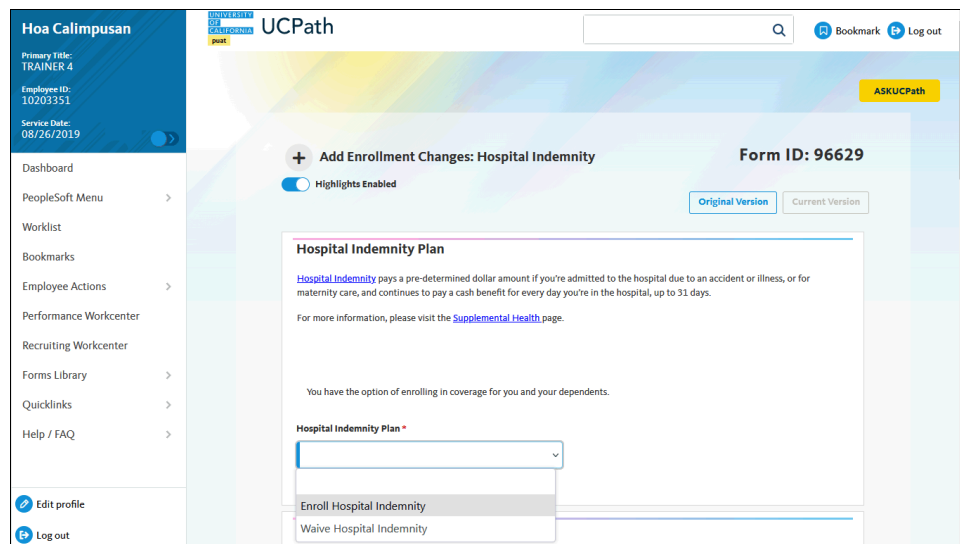
Step	Action
77.	Click the **Enroll Hospital Indemnity** list item.

Enroll Hospital Indemnity
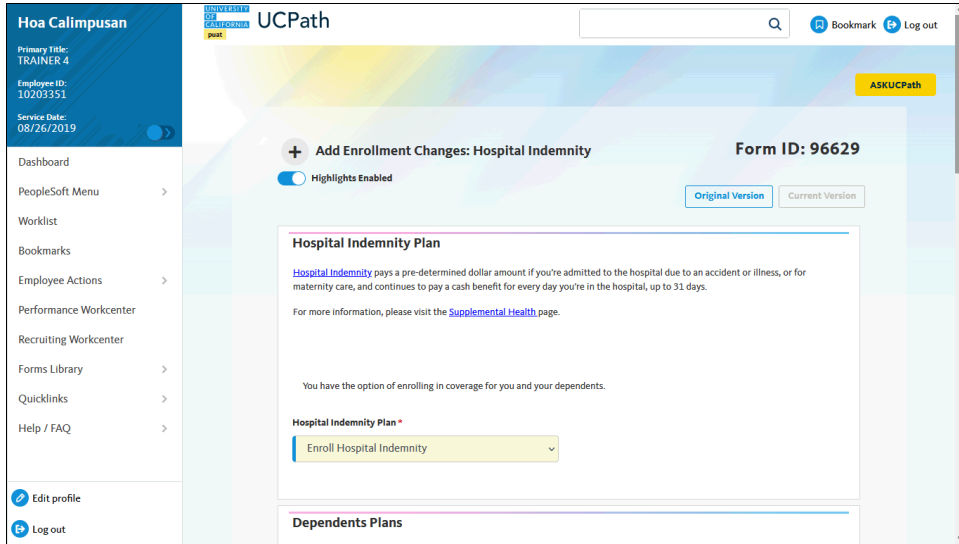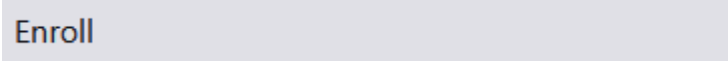
Step	Action
78.	Click the scroll bar.
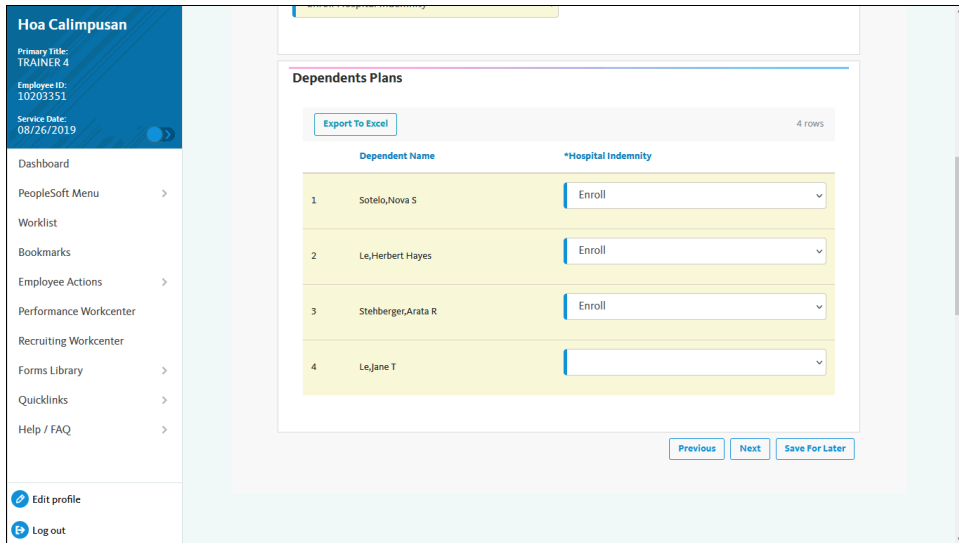
Step	Action
79.	Click the ***Hospital Indemnity** column drop-down button to activate the menu.
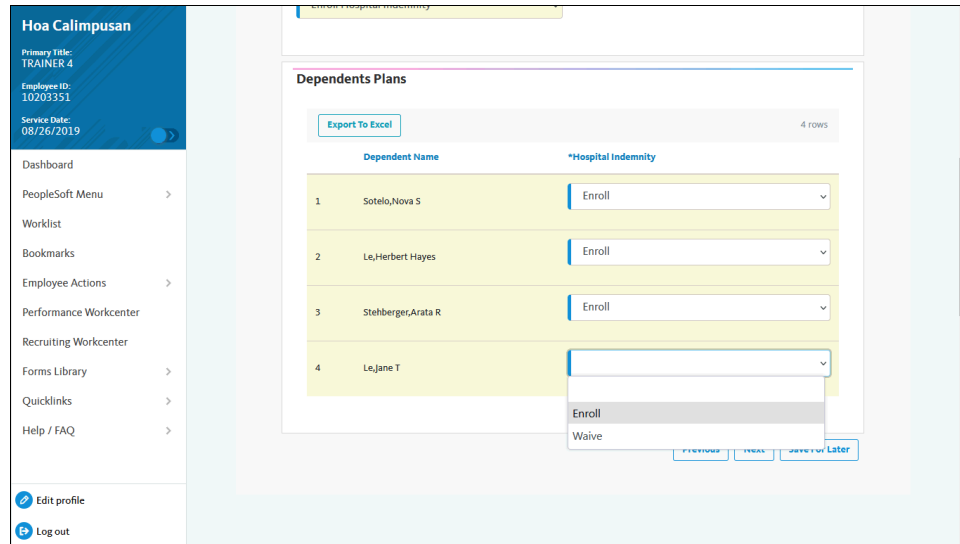
Step	Action
80.	Click the **Enroll** list item.
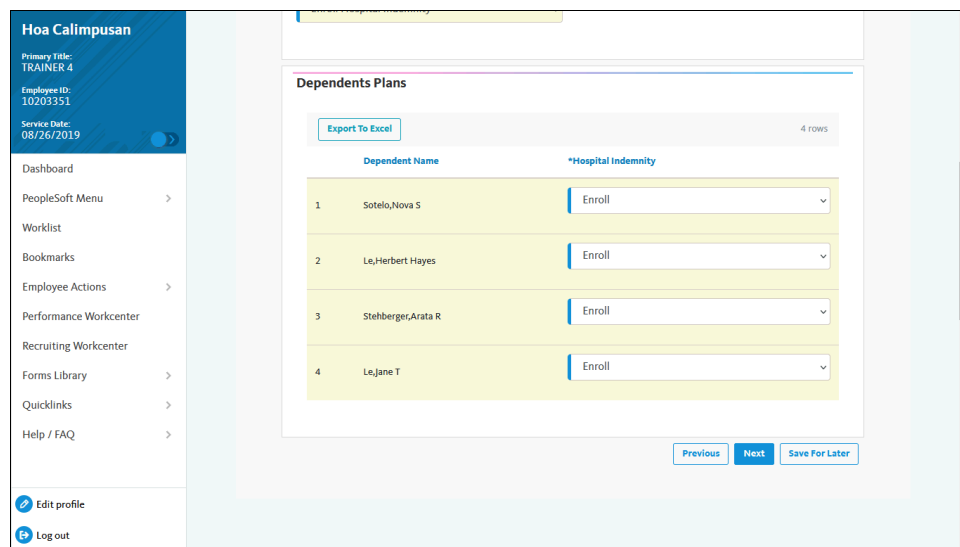
Step	Action
81.	Click the **Next** button.
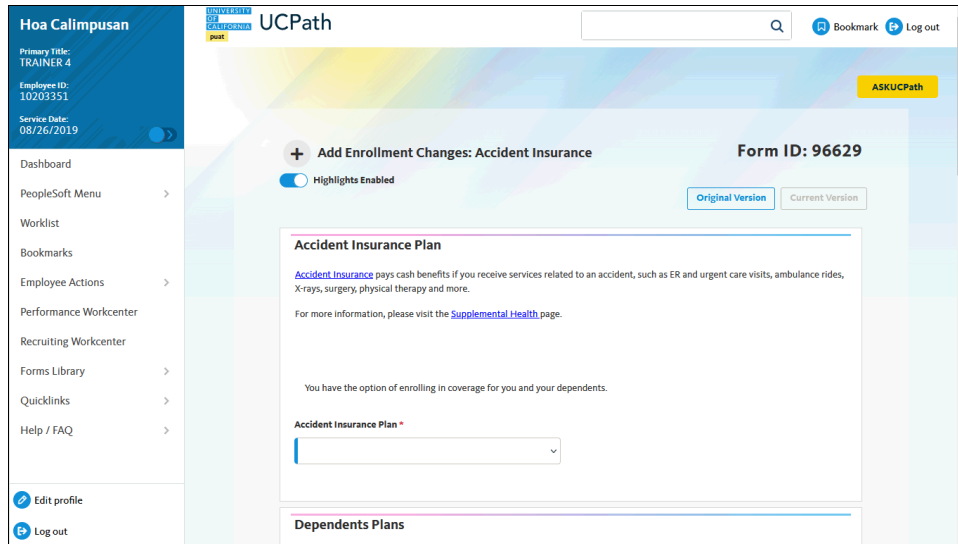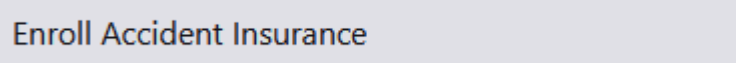
Step	Action
82.	The **Accident Insurance Plan** page appears. For more information about the **Accident Insurance Plan** or any of the plans, click on the **Supplemental Health** link.
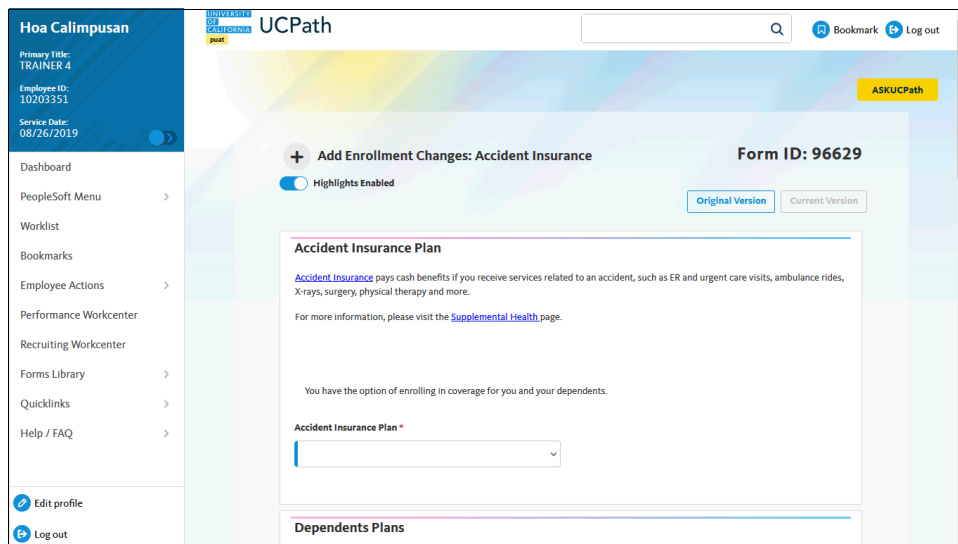
Step	Action
83.	Click in the **Accident Insurance Plan*** field.
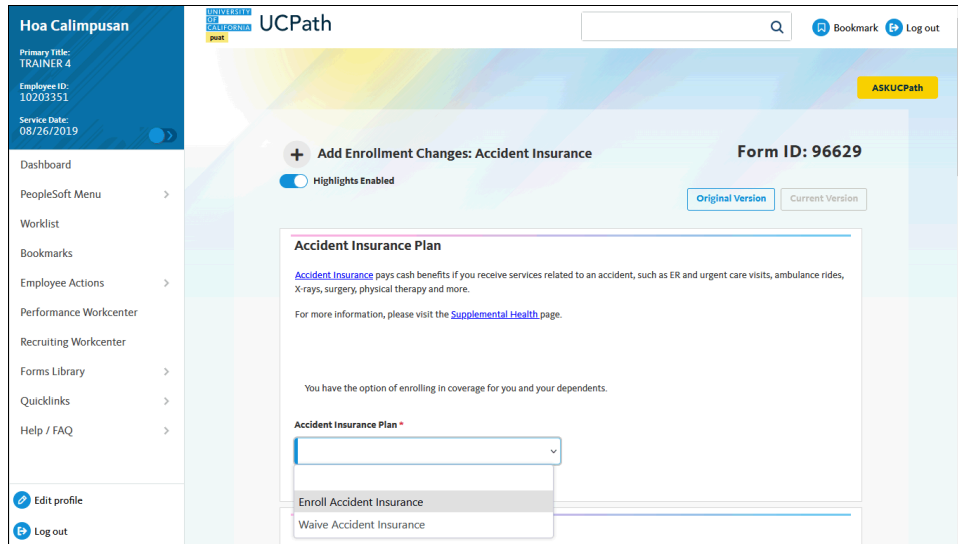
Step	Action
84.	Click the **Enroll Accident Insurance** list item.
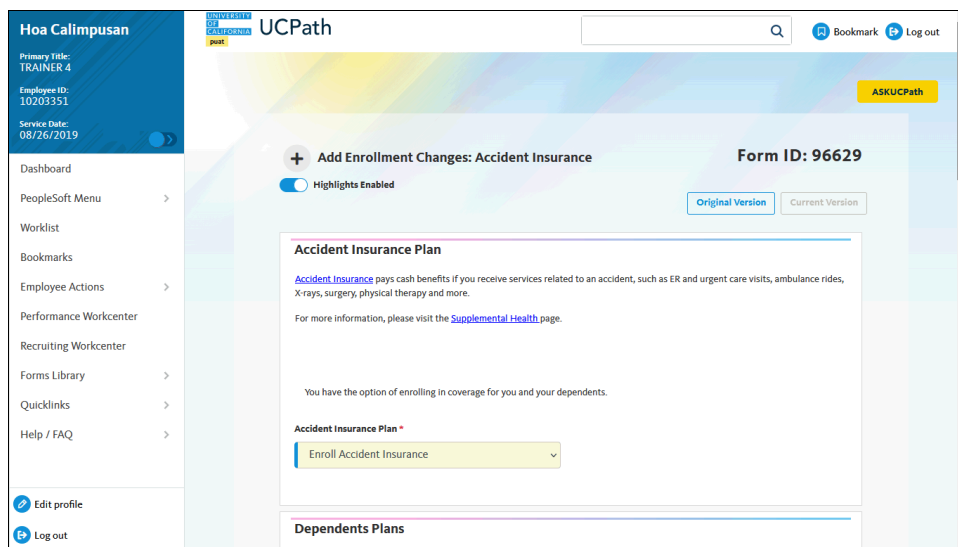
Step	Action
85.	Click the scroll bar.
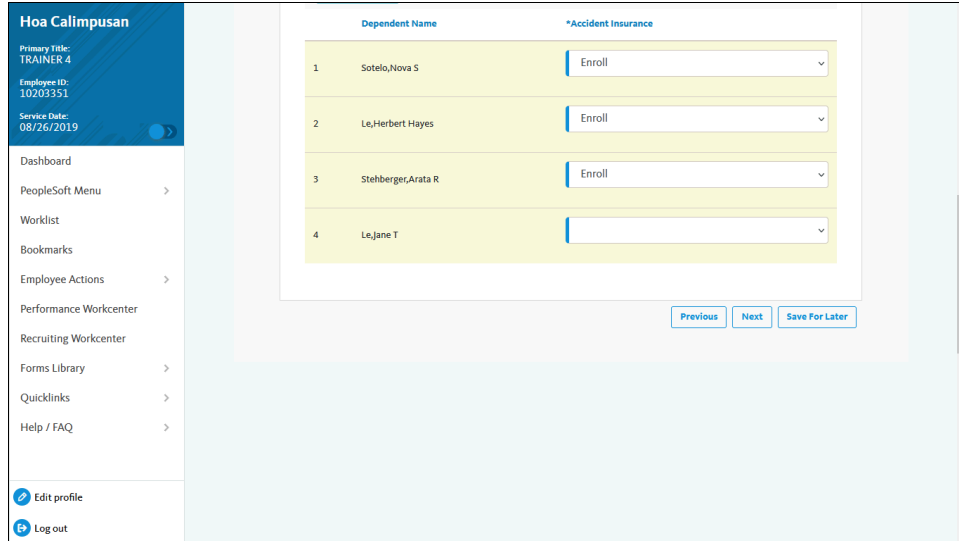
Step	Action
86.	Click the ***Accident Insurance** drop-down button to activate the menu.

Step	Action
87.	Click the **Enroll** list item. Enroll

Step	Action
88.	Click the **Next** button. Next

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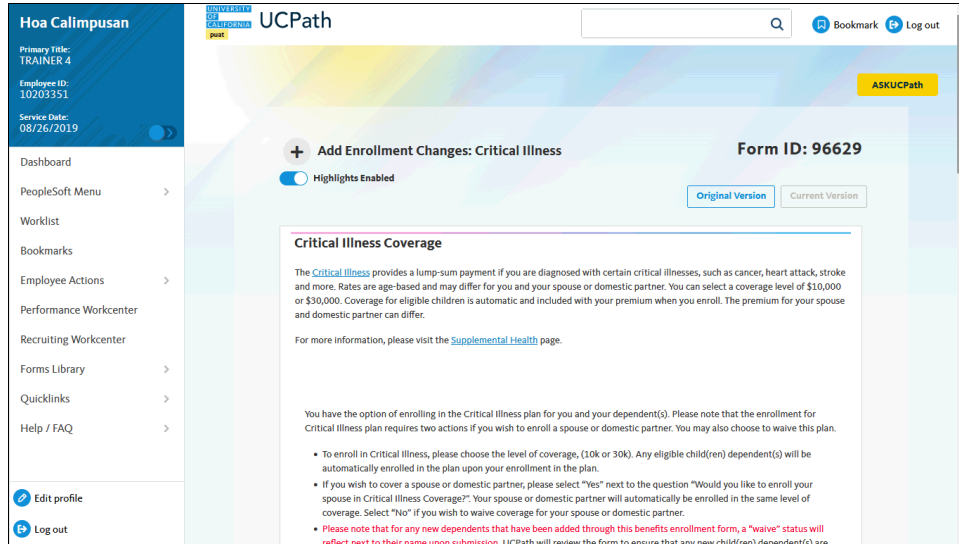
Step	Action
90.	Click the scroll bar.
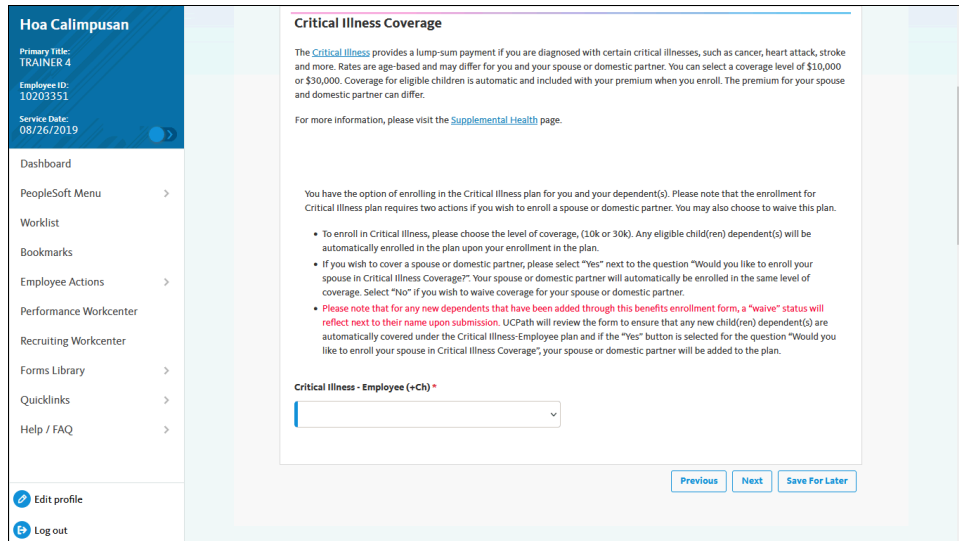
Step	Action
91.	Click the **Critical Illness - Employee (+Ch)*** drop-down button to activate the menu. ⌄

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

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

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

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

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. Next

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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.

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

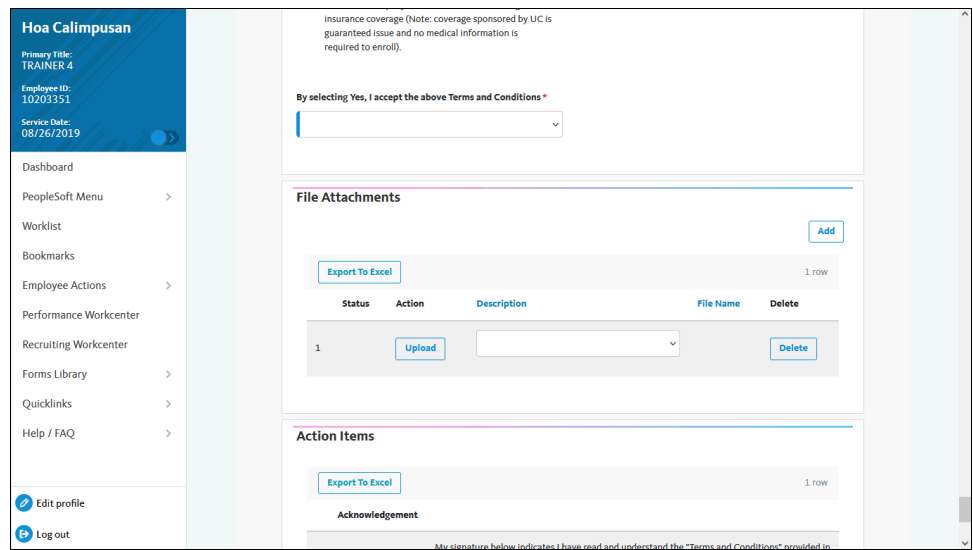| Step	Action
101.	Click the **BY SELECTING YES, I AM ELECTRONICALLY SIGNING AND ACCEPTING THE ABOVE ARBITRATION TERMS PERTAINING TO KAISER FOUNDATION HEALTH PLANS.*** drop-down button to activate the menu.

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Supplemental Health Plans

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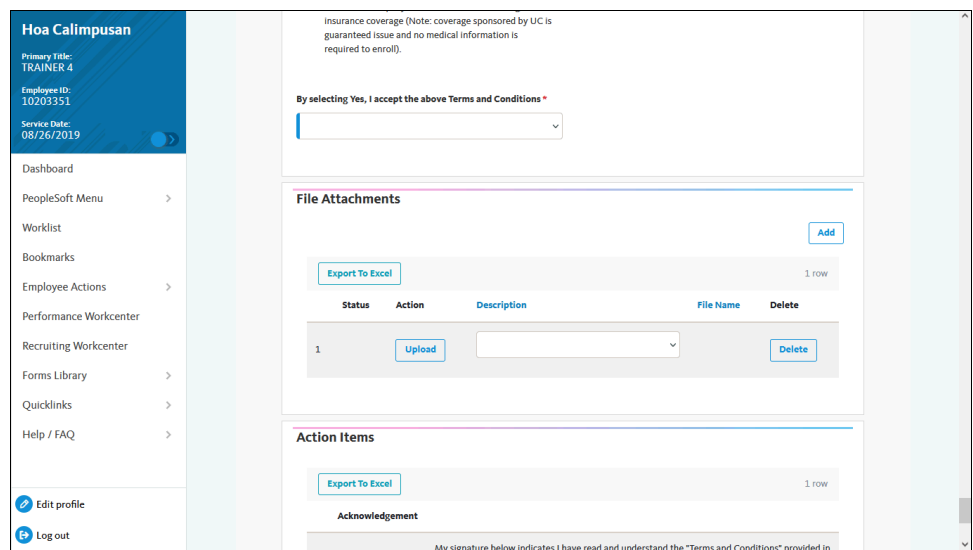
Step	Action
105.	Click the **By selecting Yes, I accept the above Terms and Conditions*** drop-down button to activate the menu.
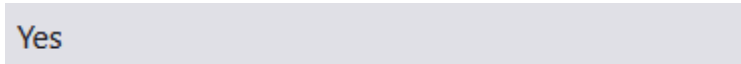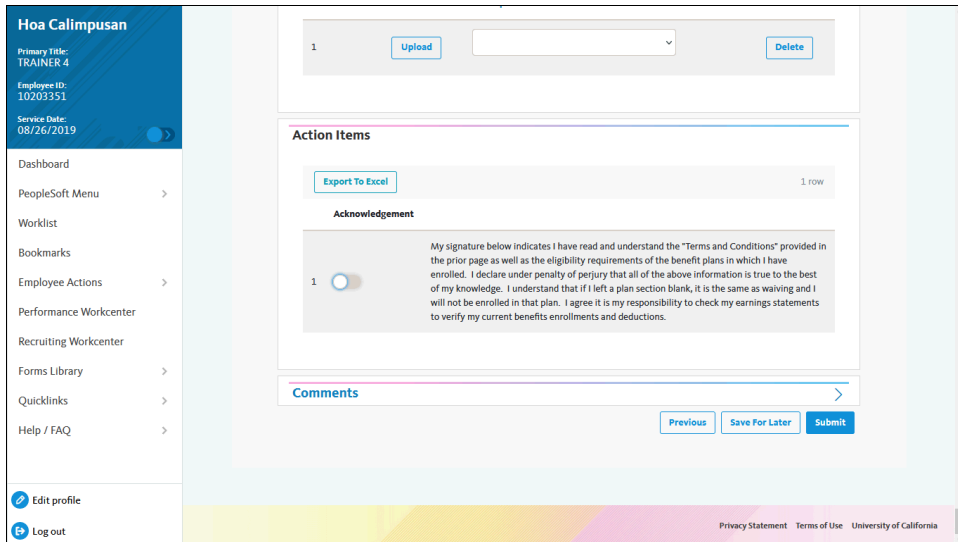
Step	Action
106.	Click the **Yes** list item.

Step	Action
107.	Click the **Acknowledgement** button.

Step	Action
108.	Click the **Submit** button.

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.**