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 how this form recognizes a late enrollment.

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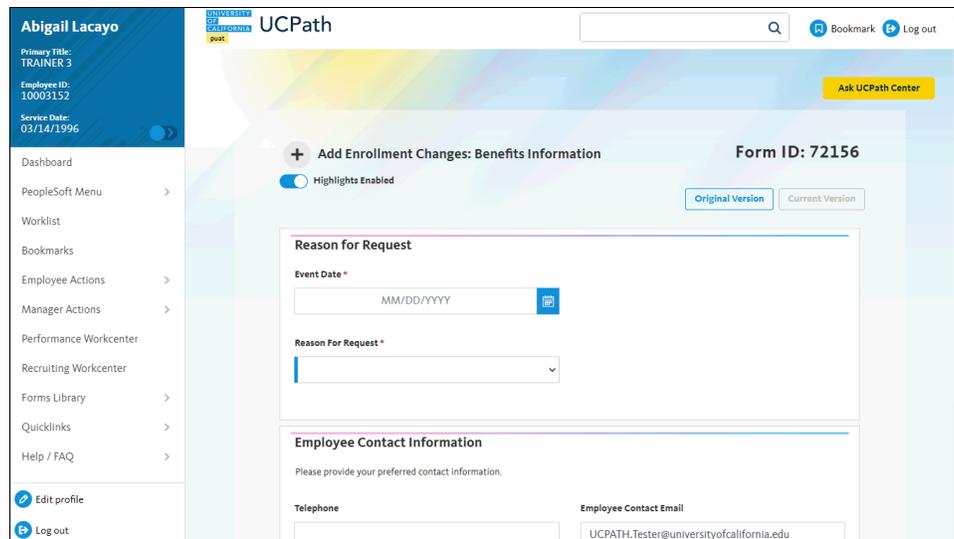
Step	Action
2.	Click in the **Event Date** field. MM/DD/YYYY
3.	Enter the desired information into the **Event Date** field. For this example, enter "**09/25/2021**".
4.	Click the button to the right of the **Reason For Request** field. ˇ

Abigail Lacayo

Primary Title:
TRAINER 3

Employee ID:
10003152

Service Date:
03/14/1996

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Bookmark   Log out

Ask UCPath Center

Add Enrollment Changes: Benefits Information   Form ID: 72156

Highlights Enabled

Original Version   Current Version

Reason for Request

Event Date *
09/25/2021

Reason For Request *

Change AD&D
Change HSA
Change Life Insurance
Change Voluntary Disability
Newly Eligible
Qualifying Life Event

Telephone   Employee Contact Email
                                   UCPATH.Tester@universityofcalifornia.edu

Step	Action
5.	Click the **Reason For Request** list item. Qualifying Life Event
6.	Click the button to the right of the **Life Event Reason** field. ˇ
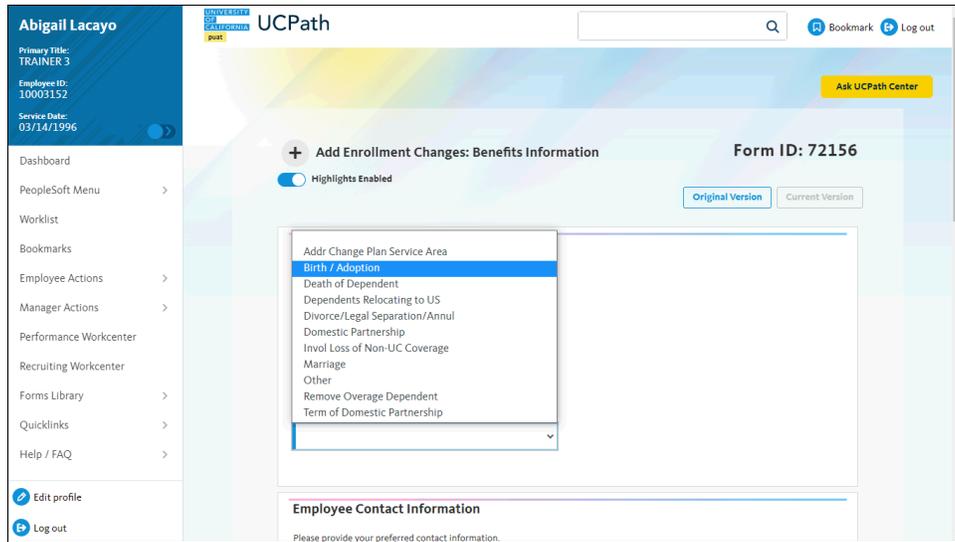
Step	Action
7.	Click the **Birth / Adoption** list item.
	Birth / Adoption
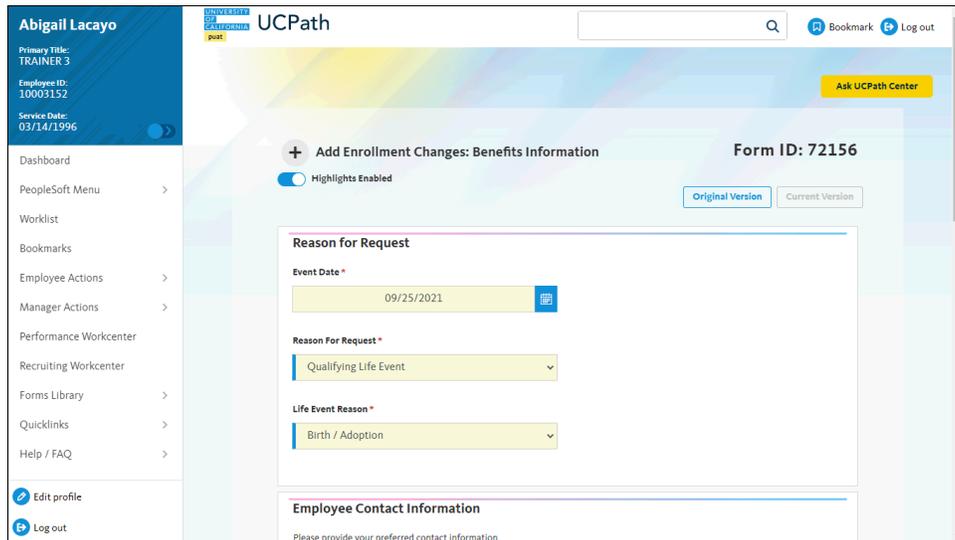
Step	Action
8.	Click the scrollbar.

Step	Action
9.	Enter your preferred contact information if needed.
10.	The **Late Enrollment** section appears when the **Event Date** is outside of the PIE for the **Qualifying Life Event**. Enter comments in the **Reason For Late Enrollment Request** text box below. Supporting document(s) can be attached at the end of the eForm.
11.	Click in the **Reason For Late Enrollment Request** field.
12.	Enter the desired information into the field. Enter "**I'm enrolling late and I have the birth certificate to attach.**".
13.	Click the scrollbar.

Step	Action
14.	If a late enrollment request is denied you may choose to decline medical coverage or enroll in a medical plan after a 90-day waiting period.
15.	Click the button to the right of the **Select Response** field. ⌄

Step	Action
16.	For this example, click the **Yes** list item. Yes
17.	The **Save For Later** button is available on every page of the eForm.
18.	Click the **Next** button. Next

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Step	Action
19.	The Dependents page appears. Review dependent information and add new dependent(s) as applicable.
20.	Click the scrollbar.

Step	Action
21.	Click the scrollbar to see additional information or to add a new dependent.

Step	Action
22.	Click the **Add A New Row** button to add new dependent information. ![Add A New Row]

Step	Action
23.	Click in the **First Name** field.
24.	Enter the desired information into the **First Name** field. For this example, enter "**Sylvia**".

UCPath Task:
Benefits eForms: Submit Form for Life Event-
Late Enrollment

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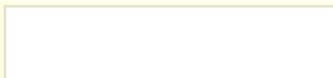
Step	Action
25.	Click in the **Last Name** field.
26.	Enter the desired information into the **Last Name** field. Enter "**Lacayo**".
27.	Click in the **Middle Name** field.
28.	Enter the dependent's middle name or initial into the optional **Middle Name** field. For this example, enter "**S**".

Step	Action
29.	Click in the **Birth Date** field.
30.	Enter the desired information into the **Birth Date** field. Enter "**09/25/2021**".
31.	Click the scrollbar.
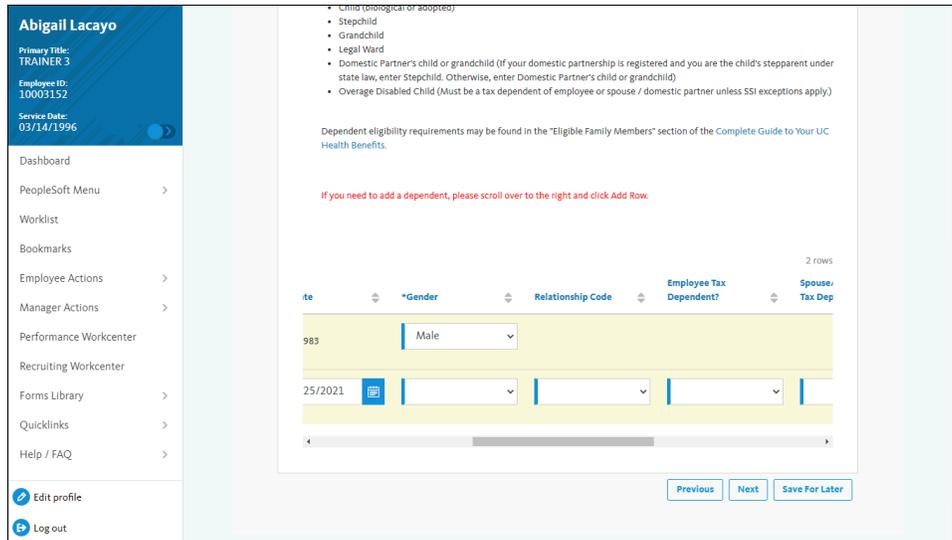
Step	Action
32.	Click the button to the right of the **Gender** field.
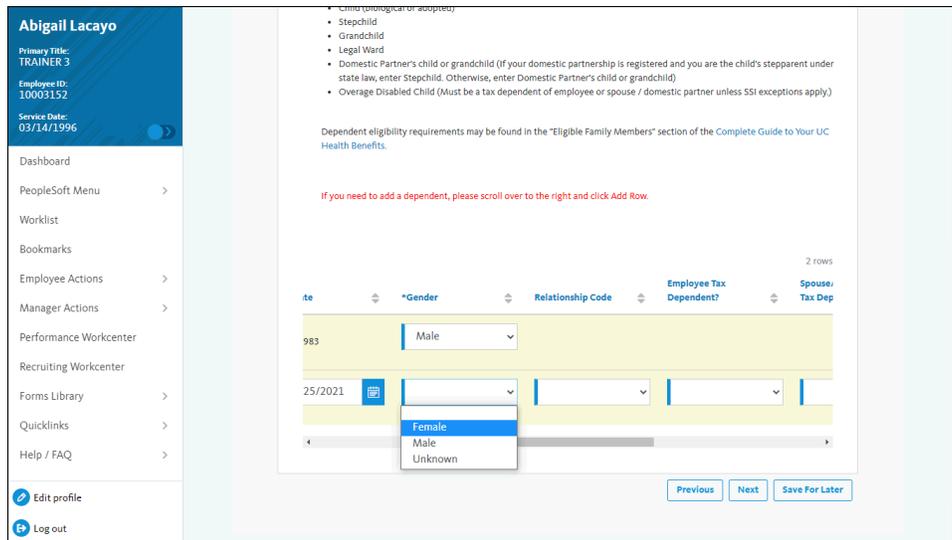
Step	Action
33.	Click the **Gender** list item. **Female**
34.	Click the button to the right of the **Relationship Code** field.

Step	Action
35.	Click in the **Child (Biological or Adopted)** field.
36.	Click the button to the right of the **Employee Tax Dependent?** field.

| Step	Action
37.	Click the **Yes** list item.

UCPath Task:
Benefits eForms: Submit Form for Life Event-
Late Enrollment

Step	Action
38.	Click the scrollbar.
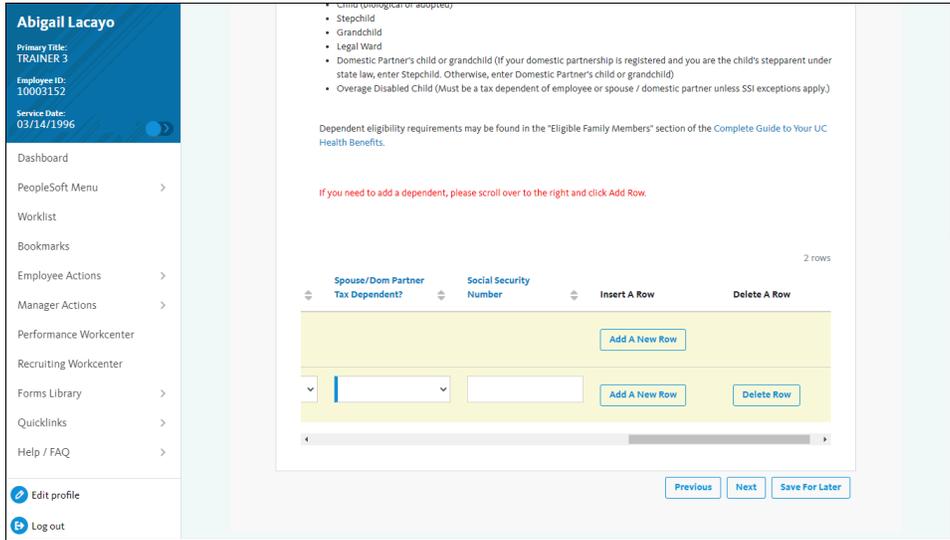
Step	Action
39.	Click the button to the right of the **Spouse/Dom Partner Tax Dependent?** field.
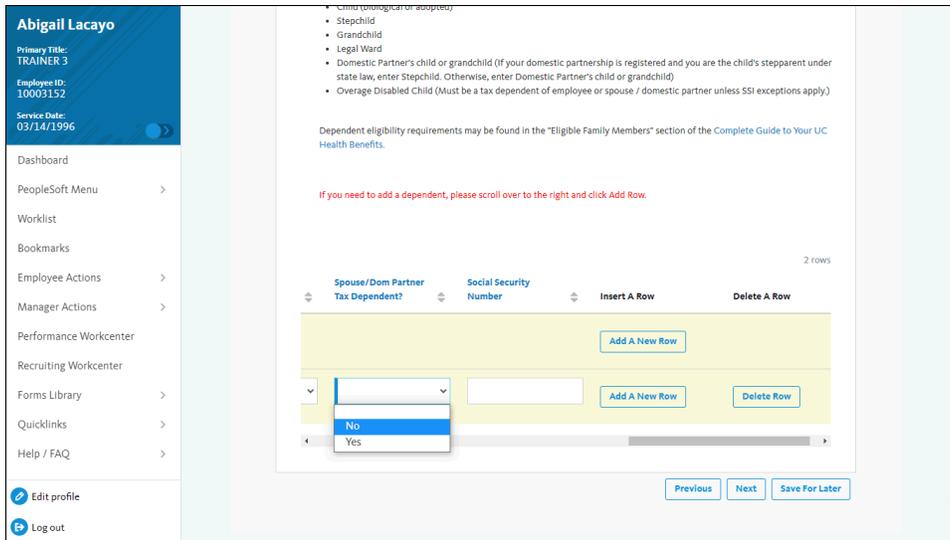
Step	Action
40.	Click the **No** list item. No
41.	Click in the **Social Security Number** field.
42.	Enter the desired information into the **Social Security Number** field. Enter "**989554321**".
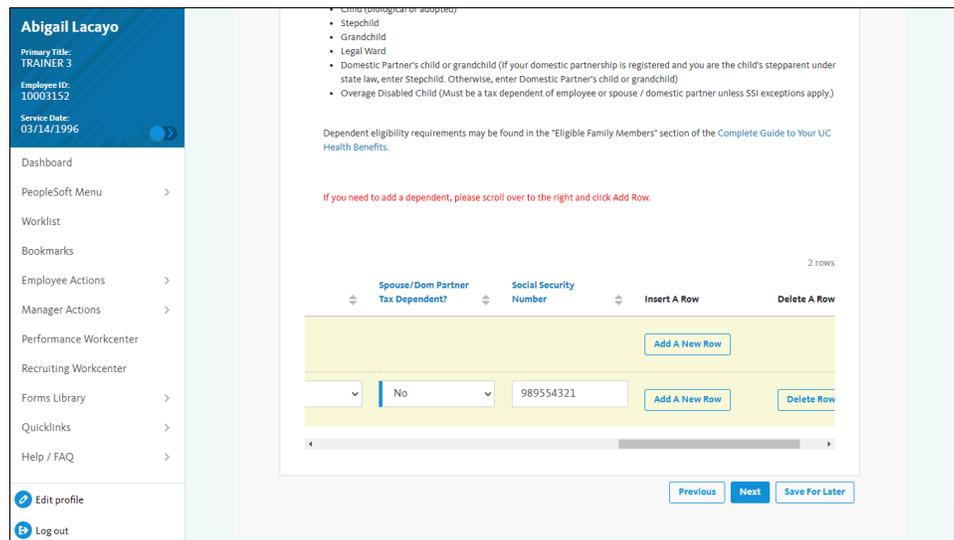
Step	Action
43.	Click the **Next** button. Next
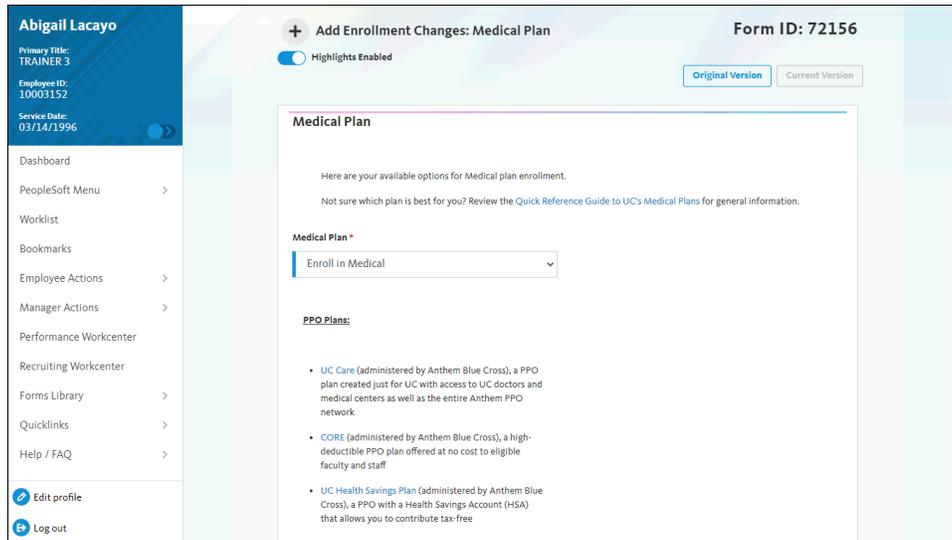
Step	Action
44.	The **Medical Plan** enrollment page appears. You have the option to change plans at the time of a Life Event. Click the **Quick Reference Guide to UC's Medical Plans** link to UCnet for medical plan information.
45.	Your current benefits enrollments default to the form. For this example, accept the default of **Enroll in Medical**.
46.	Click the scrollbar.
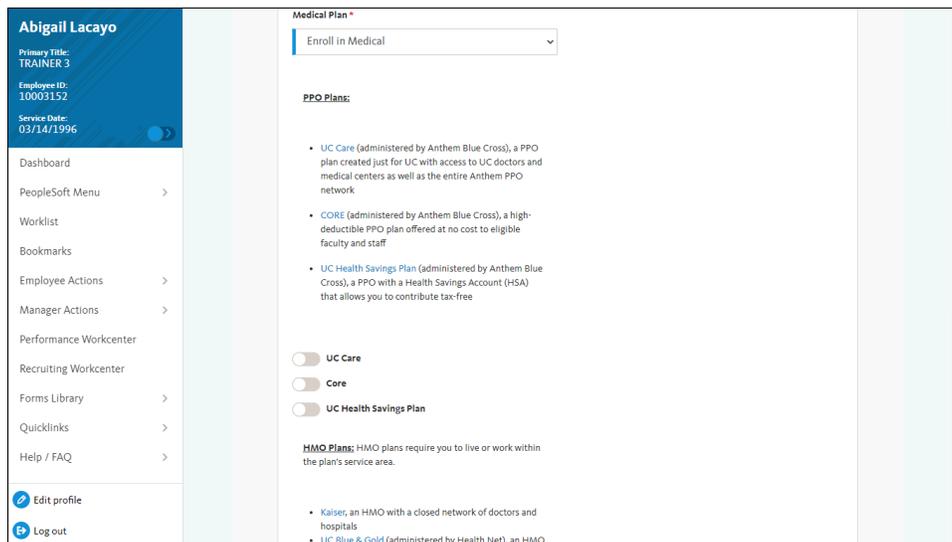
Step	Action
47.	There are three **PPO Plans** and two **HMO Plans** to choose from. Blue text throughout the Benefits eForms provide links to additional information. For example, click the blue plan names on this page to access details for each plan.

Step	Action
48.	Click the scrollbar.

Step	Action
49.	For this example, accept the default selection of **Health Net Blue & Gold HMO**. If you know the primary physician group (PPG) or primary care physician (PCP) you'd like to select or change to, find the 10-digit code on the plan website and enter it in the **Employee PPG/PCP #** field.
50.	Select the TIP Opt Out option to pay your medical plan employee contribution as an after-tax deduction
51.	Click the scrollbar.

Step	Action
52.	Dependents must be enrolled individually for each plan.
53.	Click the button to the right of the **Medical** field.

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

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

Step	Action
56.	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 defaults and scroll down the page to enroll in the **Dependent Care FSA Plan** and add a contribution amount.
57.	Click the scrollbar.
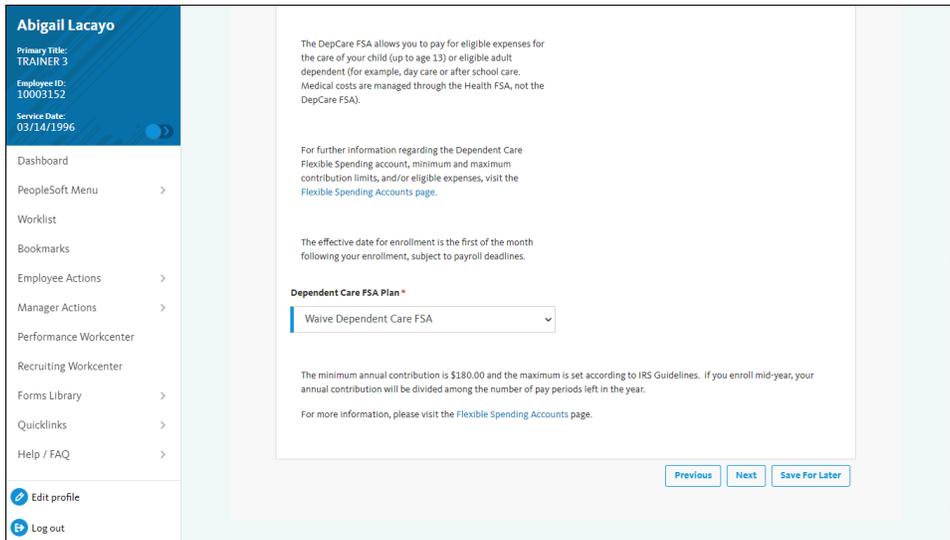
Step	Action
58.	For this example, change the **Dependent Care FSA Plan** enrollment from **Waive** to **Enroll** and add a contribution amount.
59.	Click the button to the right of the **Dependent Care FSA Plan** field.
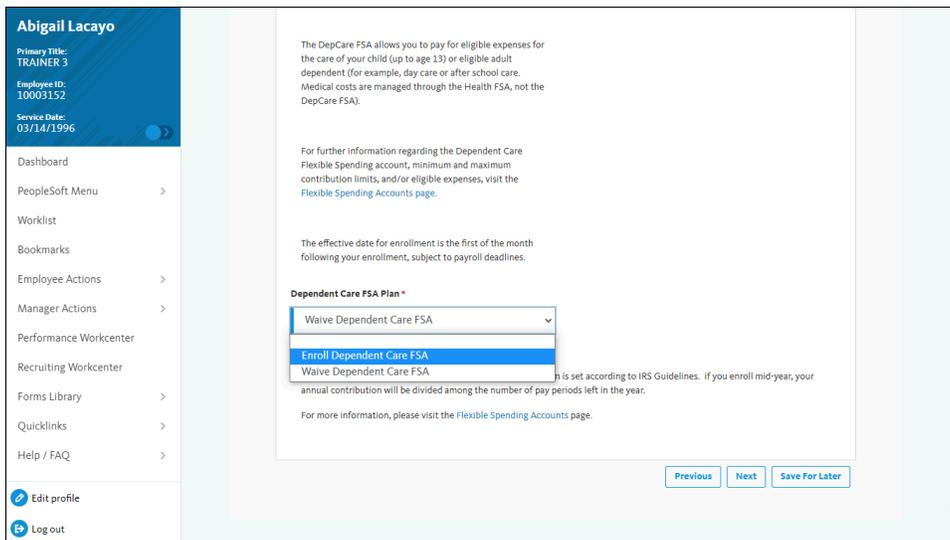
Step	Action
60.	Click the **Enroll Dependent Care FSA** list item.

Step	Action
61.	Click in the **Annual Dep Care Contribution Amount** field.
	 $
62.	Enter the desired information into the **Annual Dep Care Contribution Amount** field. For this example, enter "**500.00**".
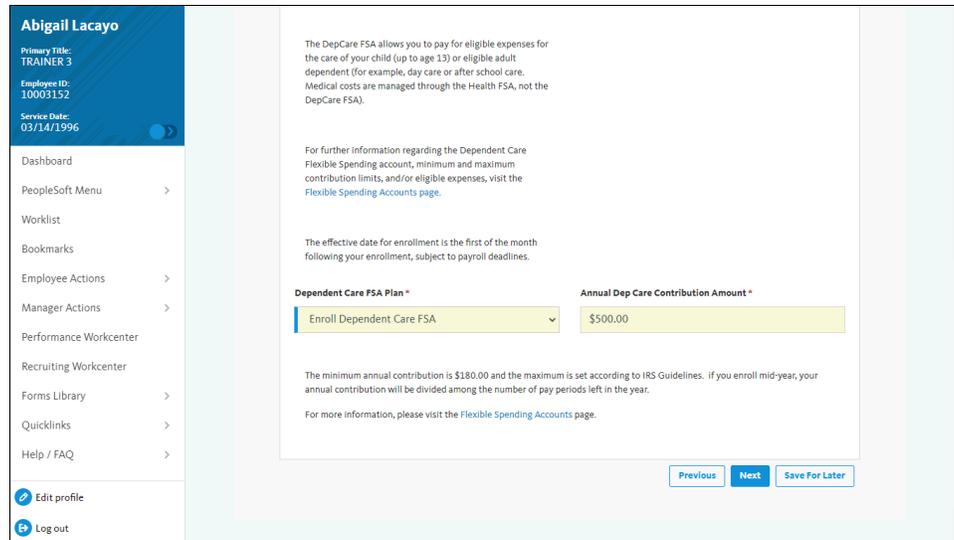
Abigail Lacayo

Primary Title:
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Employee ID:
10003152

Service Date:
03/14/1996

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The DepCare FSA allows you to pay for eligible expenses for the care of your child (up to age 13) or eligible adult dependent (for example, day care or after school care). Medical costs are managed through the Health FSA, not the DepCare FSA).

For further information regarding the Dependent Care Flexible Spending account, minimum and maximum contribution limits, and/or eligible expenses, visit the Flexible Spending Accounts page.

The effective date for enrollment is the first of the month following your enrollment, subject to payroll deadlines.

Dependent Care FSA Plan *
Enroll Dependent Care FSA

Annual Dep Care Contribution Amount *
$500.00

The minimum annual contribution is $180.00 and the maximum is set according to IRS Guidelines. if you enroll mid-year, your annual contribution will be divided among the number of pay periods left in the year.

For more information, please visit the Flexible Spending Accounts page.

Previous   Next   Save For Later

Step	Action
63.	Click the **Next** button.
	Next
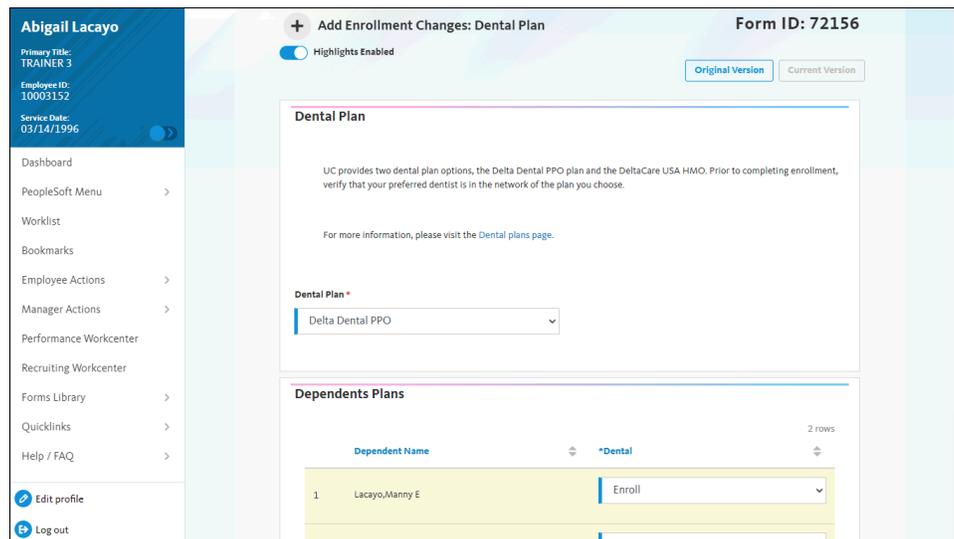
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Add Enrollment Changes: Dental Plan   Form ID: 72156

Highlights Enabled

Original Version   Current Version

Dental Plan

UC provides two dental plan options, the Delta Dental PPO plan and the DeltaCare USA HMO. Prior to completing enrollment, verify that your preferred dentist is in the network of the plan you choose.

For more information, please visit the Dental plans page.

Dental Plan *
Delta Dental PPO

Dependents Plans

2 rows

Dependent Name	*Dental
1 Lacayo,Manny E	Enroll

Step	Action
64.	The **Dental Plan** page appears. For this example, accept the defaulted benefit selection.
65.	Click the scrollbar.
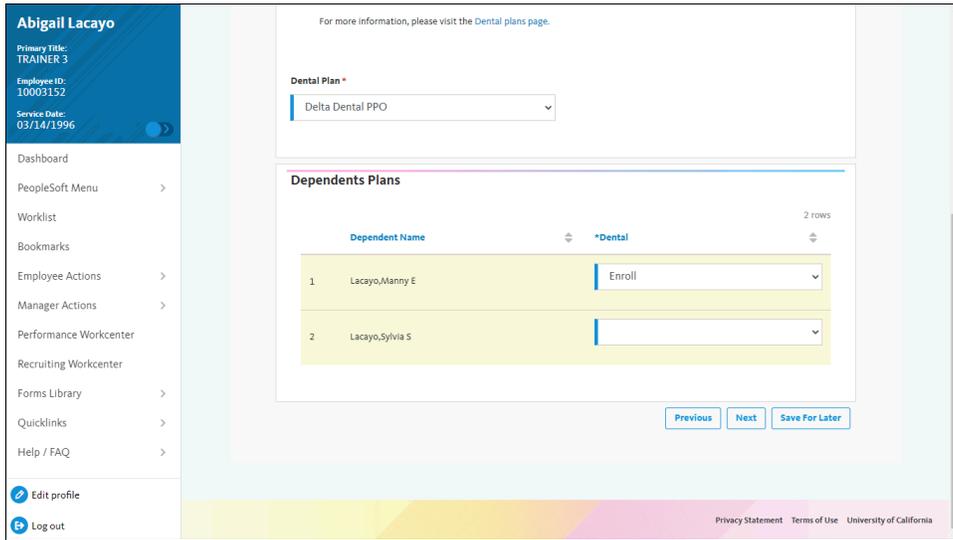
Step	Action
66.	Remember to enroll dependents for coverage in each plan as needed. Click the button to the right of the **Dental** field. ⌄
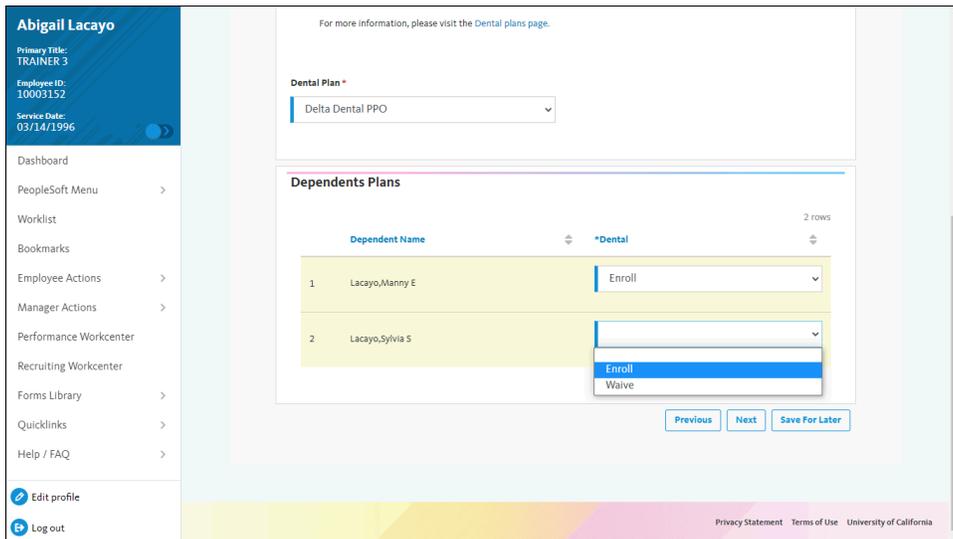
Step	Action
67.	Click the **Enroll** list item.

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

Step	Action
69.	The **Vision Plan** page appears. For this example, accept the defaulted benefit selection.
70.	Click the scrollbar.
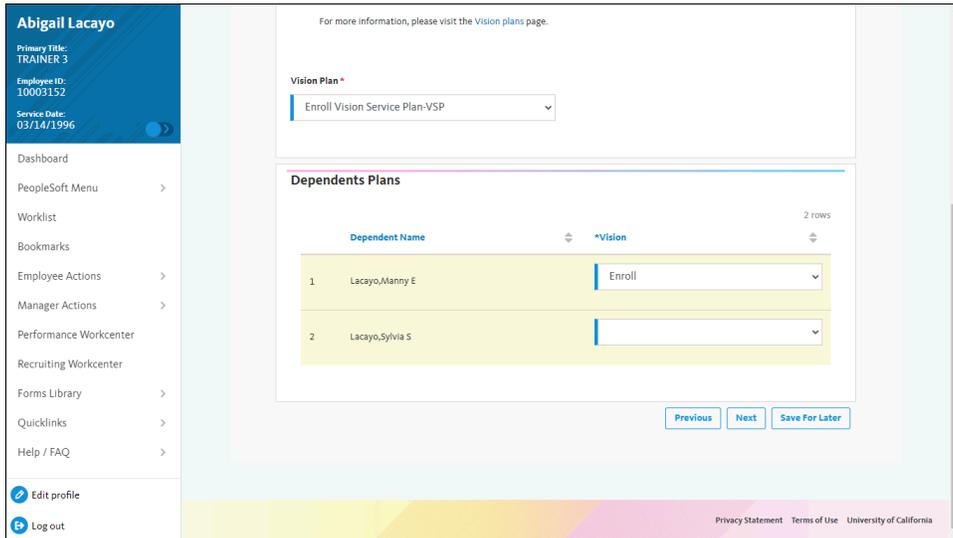
Step	Action
71.	Click the button to the right of the **Vision** field.
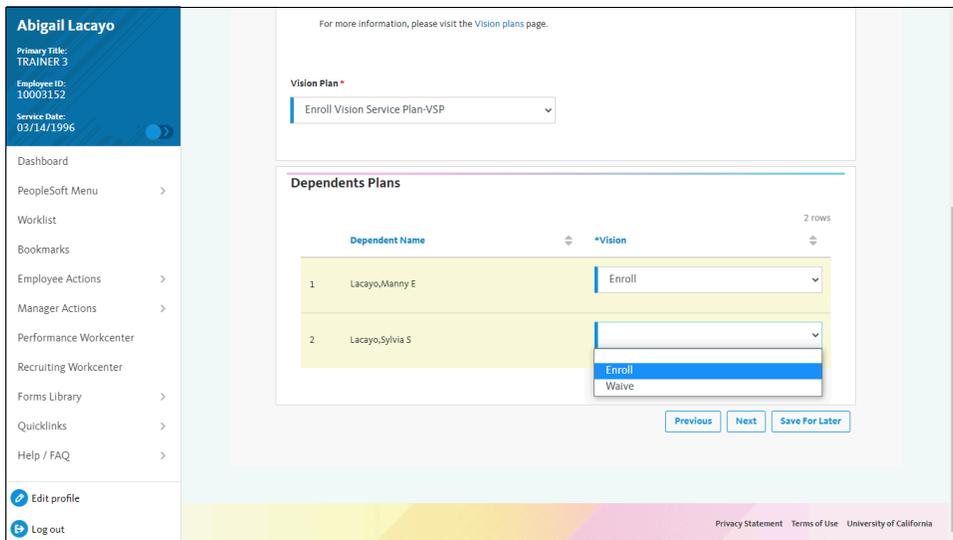
Step	Action
72.	Click the **Enroll** list item. Enroll
73.	Click the **Next** button. Next
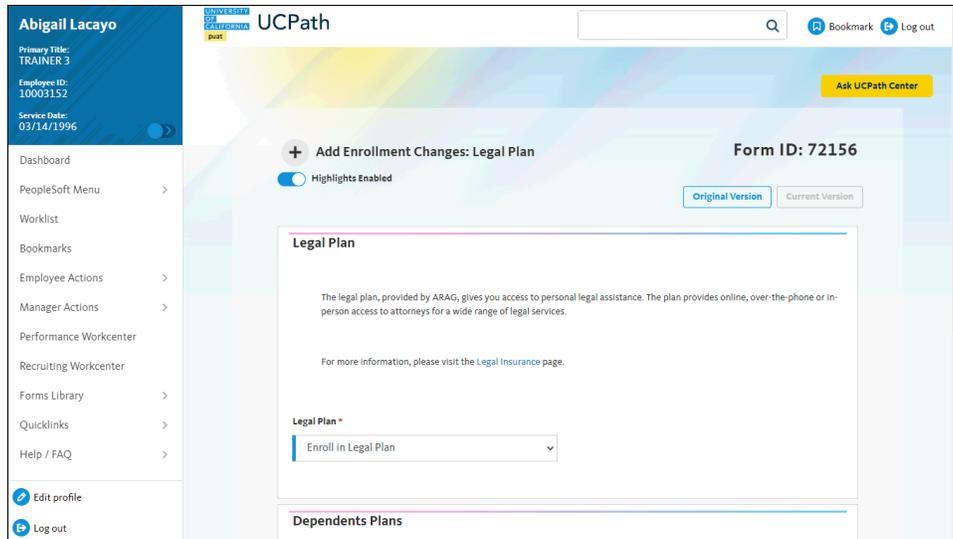
Step	Action
74.	The **Legal Plan** page appears. For this example, accept the defaulted benefit selection.
75.	Click the scrollbar.
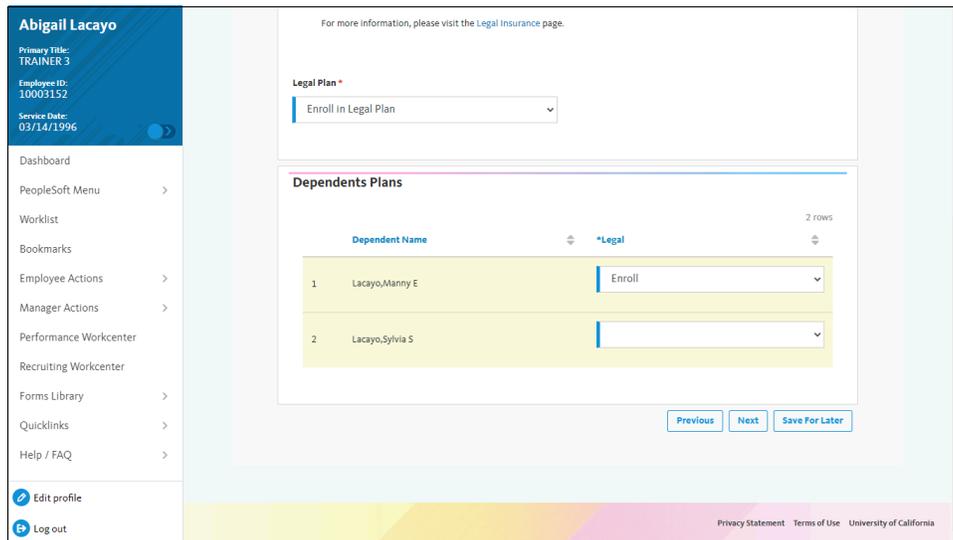
Step	Action
76.	Click the button to the right of the **Legal** field.
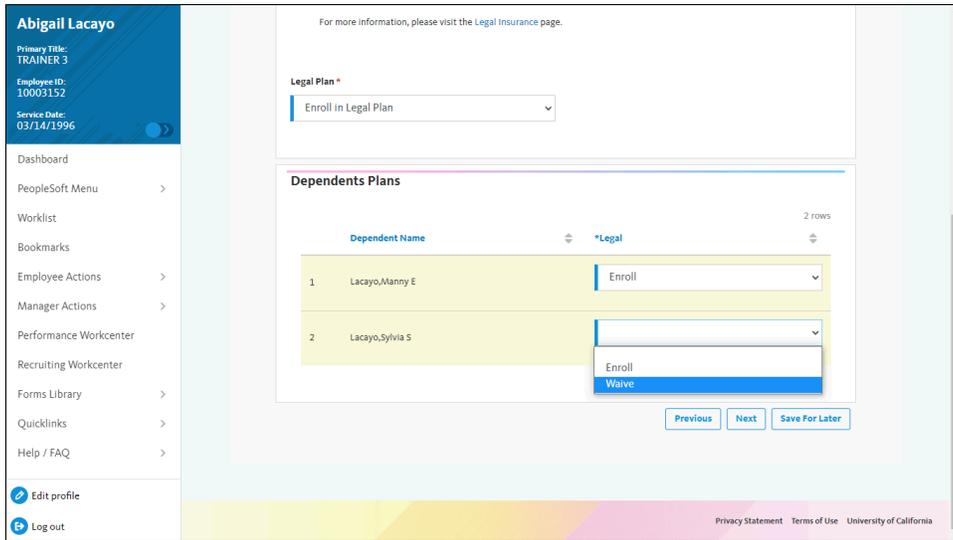
Step	Action
77.	Click the **Waive** list item.
78.	Click the **Next** button.

Step	Action
79.	The **Accidental Death & Dismemberment (AD&D)** page appears. For this example, increase the defaulted **AD&D Amount**.
80.	Click the button to the right of the **AD&D Amount** field.

Step	Action
81.	For this example, increase the **AD&D Amount** to $300,000. Click the **15. $300,000** list item.
82.	Click the scrollbar.

Step	Action
83.	Click the button to the right of the **AD&D** field.

Step	Action
84.	Click the **Waive** list item.
85.	Click the **Next** button.
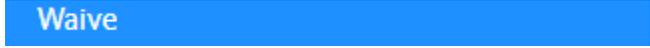
Step	Action
86.	The **Supplemental Life Insurance** page appears. For this example, accept the defaulted benefit selection.
87.	Click the **Next** button.

Step	Action
88.	The **Dependent Life Insurance** page appears. For this example, accept the defaulted benefit selection.

Step	Action
89.	Click the scrollbar.

Step	Action
90.	Click the button to the right of the **Dependent Life** field.

Step	Action
91.	Click the **Waive** list item.
92.	Click the **Next** button.
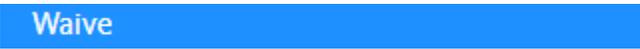
Step	Action
93.	The **Voluntary Disability Insurance** page appears. For this example, accept the defaulted benefit selections for **Short Term Disability (VSTD)** and **Long Term Disability (VLTD)**.

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

Step	Action
95.	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.
96.	Click the scrollbar.

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Step	Action
97.	The **ARBITRATION** section requires an electronic signature.
98.	Click the scrollbar.

Step	Action
99.	Click the button to the right of the **Arbitration Agreement** field.

Step	Action
100.	Click the **Yes** list item.

Step	Action
101.	Click the scrollbar.
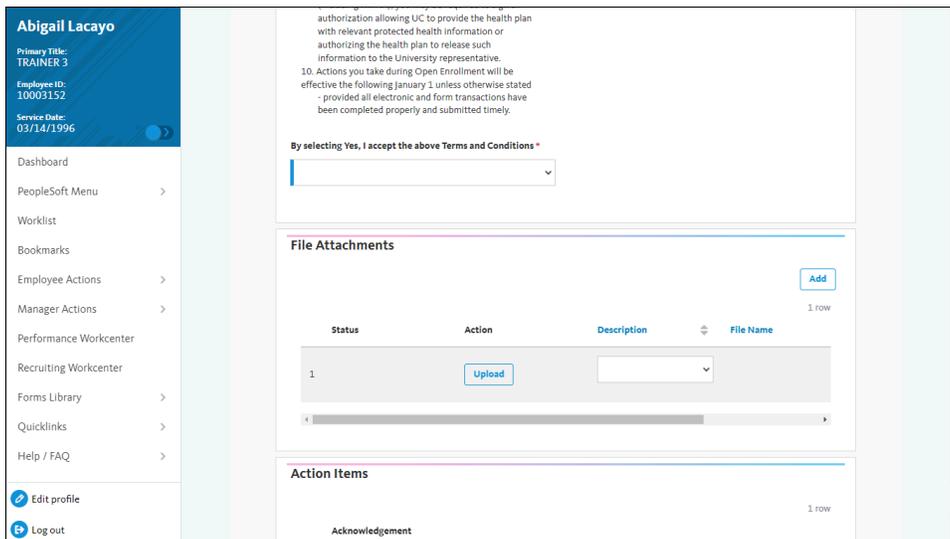
Step	Action
102.	Click the button to the right of the **By selecting Yes, I accept the above Terms and Conditions** field. ⌄
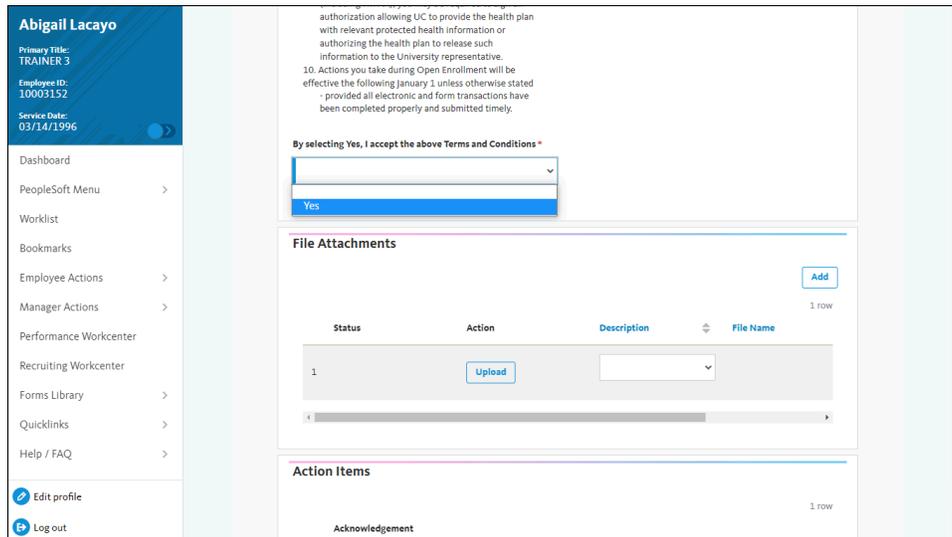
Step	Action
103.	Click the **Yes** list item. Yes
104.	Use the **File Attachments** section to upload supporting documentation. - Use the **Upload** button to add one file at a time. - Use the **Add** button to create new rows to add additional files if needed.
105.	Click the **Upload** button. Upload
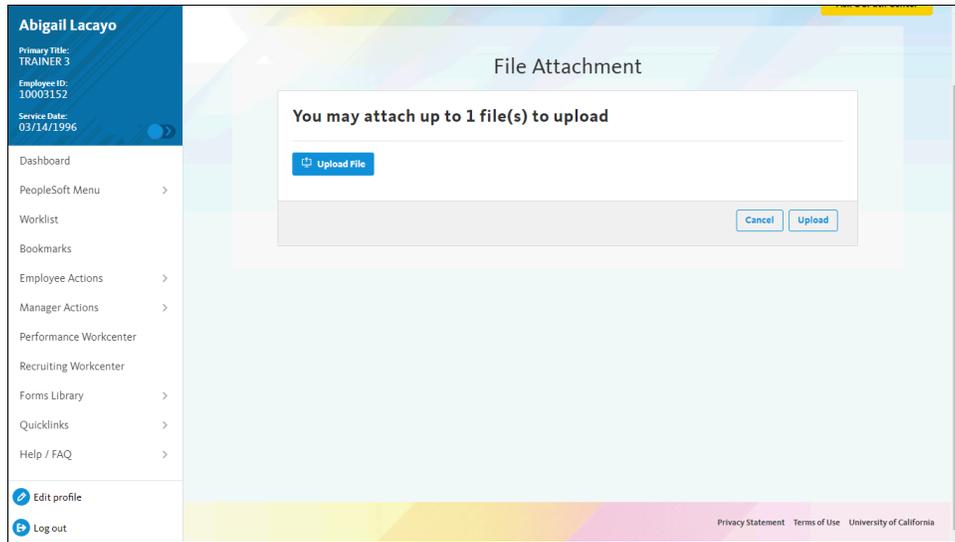
Step	Action
106.	Click the **Upload File** button.
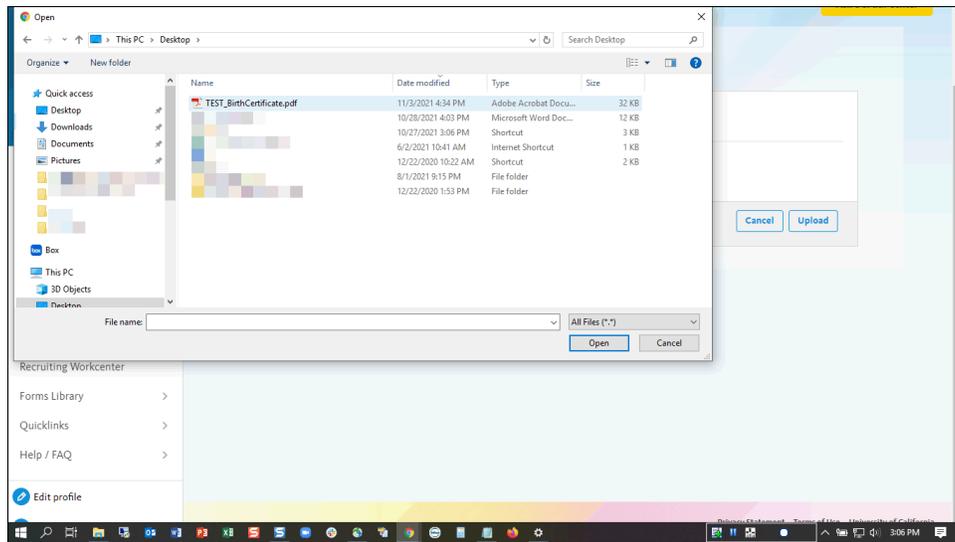
Step	Action
107.	Double-click the **TEST_BirthCertificate** file link. TEST_BirthCertificate.pdf
108.	Click the **Open** button. Open
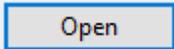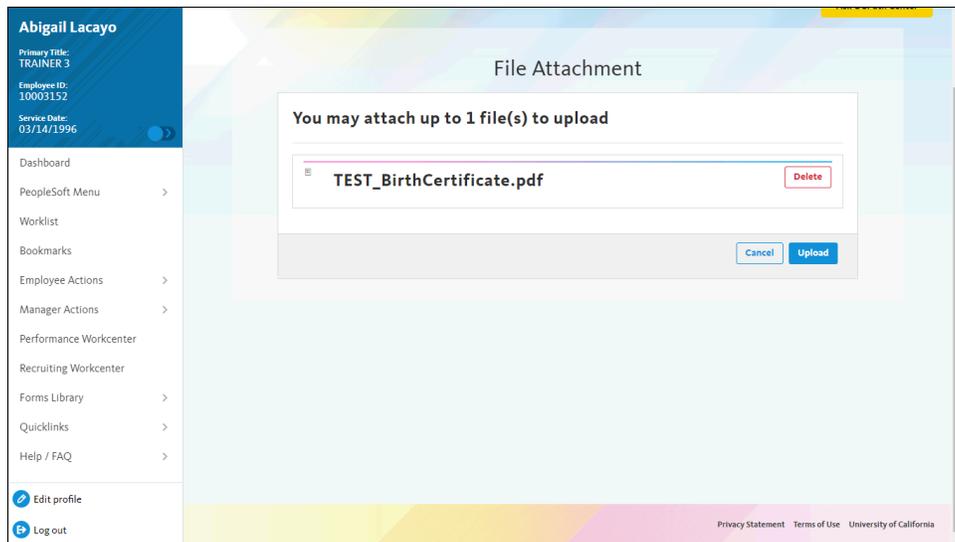
Step	Action
109.	Click the **Upload** object.
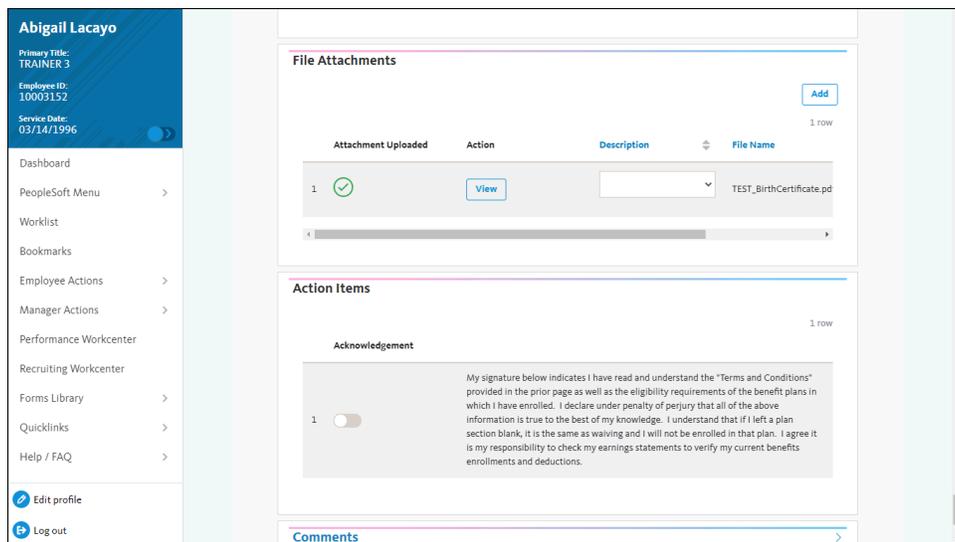
Step	Action
110.	Click the button to the right of the **Description** field.
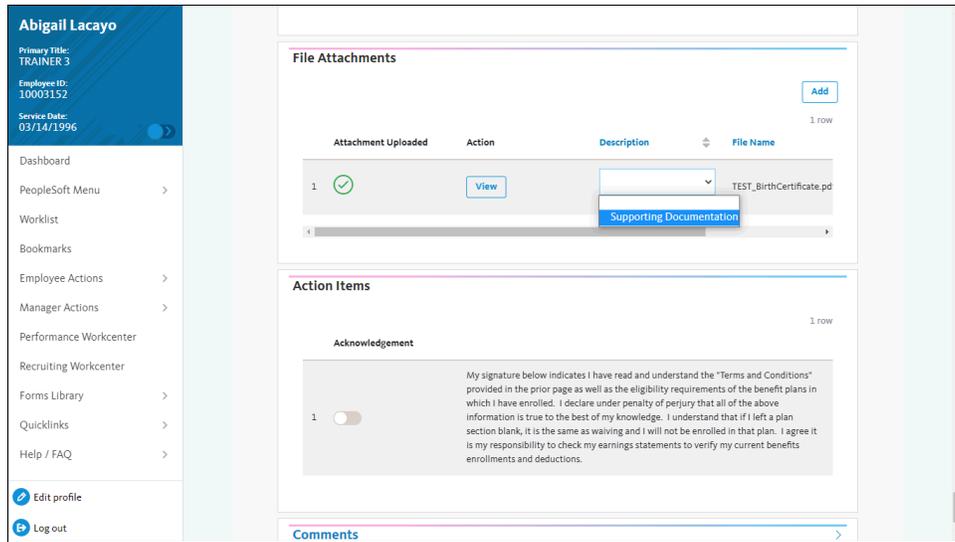
Step	Action
111.	Click the **Supporting Documentation** list item.
112.	Click the scrollbar.
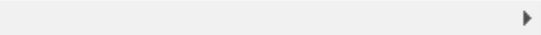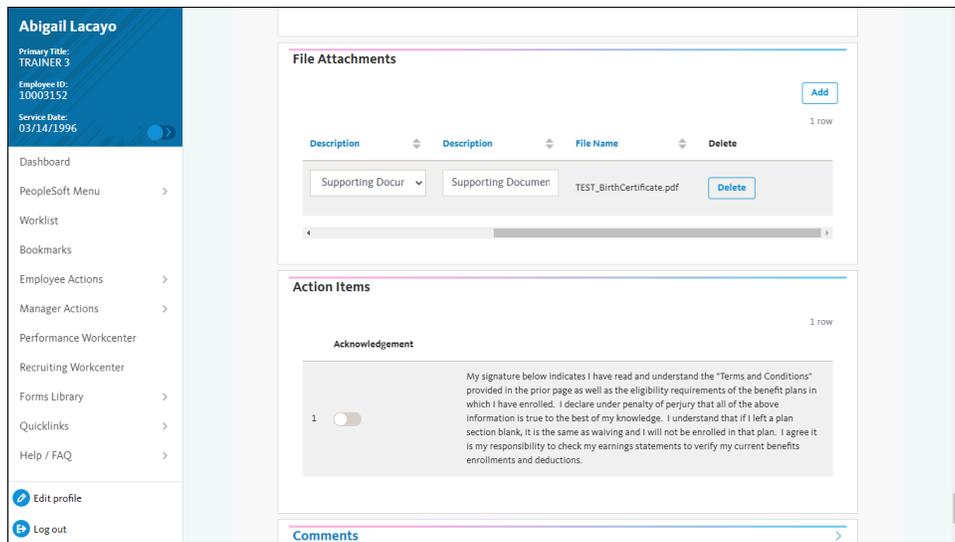
Step	Action
113.	Use the **Add** button to create new rows to upload additional files if needed.

Step	Action
114.	Click the scrollbar.
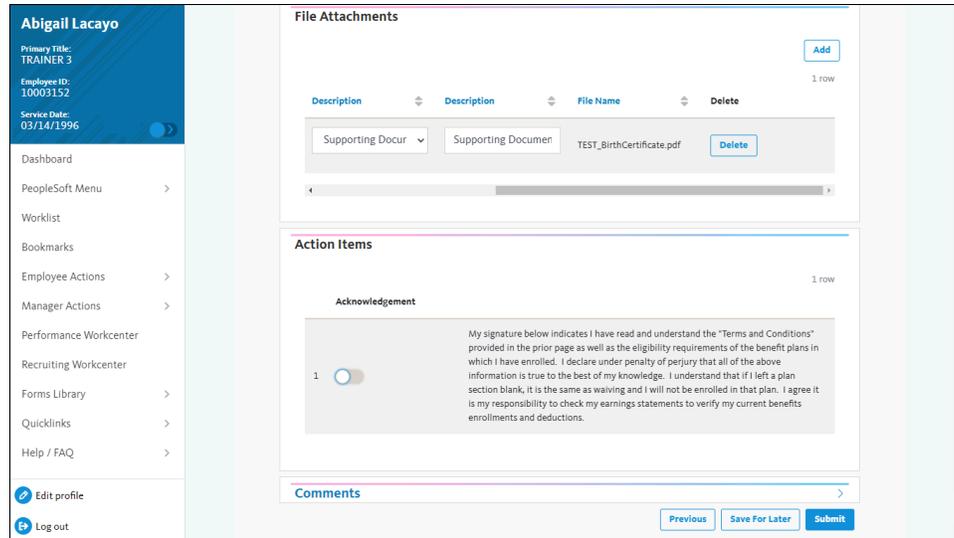
Step	Action
115.	Click the **Acknowledgement** button.
116.	Click the button to the right of the **Comments** field to open the comments text box.

Step	Action
117.	If needed, add comments to the form prior to submitting.
118.	Click the **Submit** button.

Step	Action
119.	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.

Step	Action
120.	You have completed a Benefits eForm for a Life Event submitted as a Late Enrollment. **End of Procedure.**