

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)

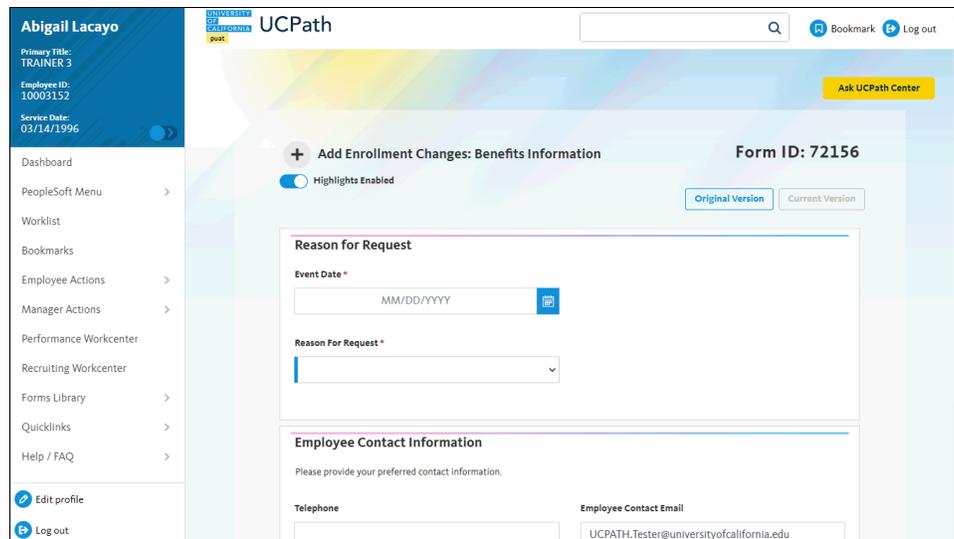
Menu Navigation:

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

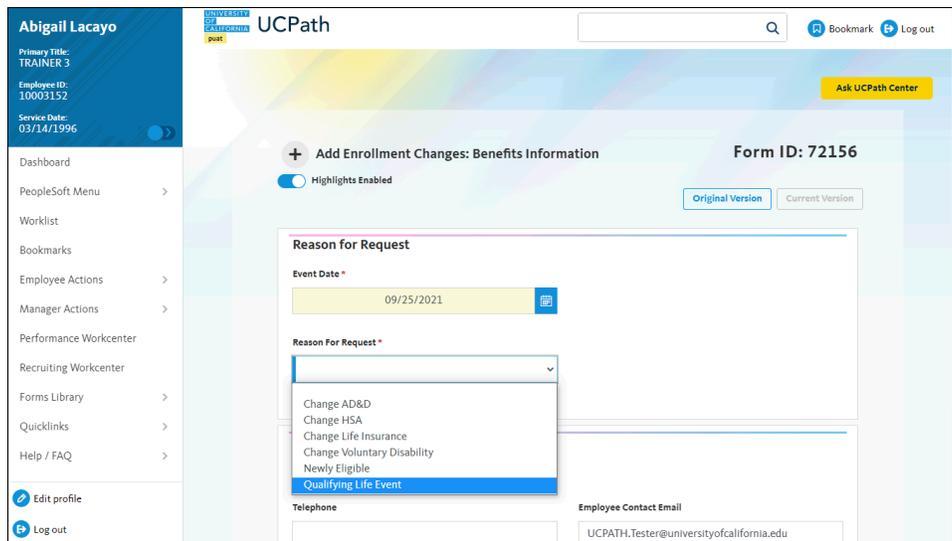
Detailed information and guides for UC Benefits Plans is available on UCnet:
<https://ucnet.universityofcalifornia.edu/compensation-and-benefits/index.html>

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.

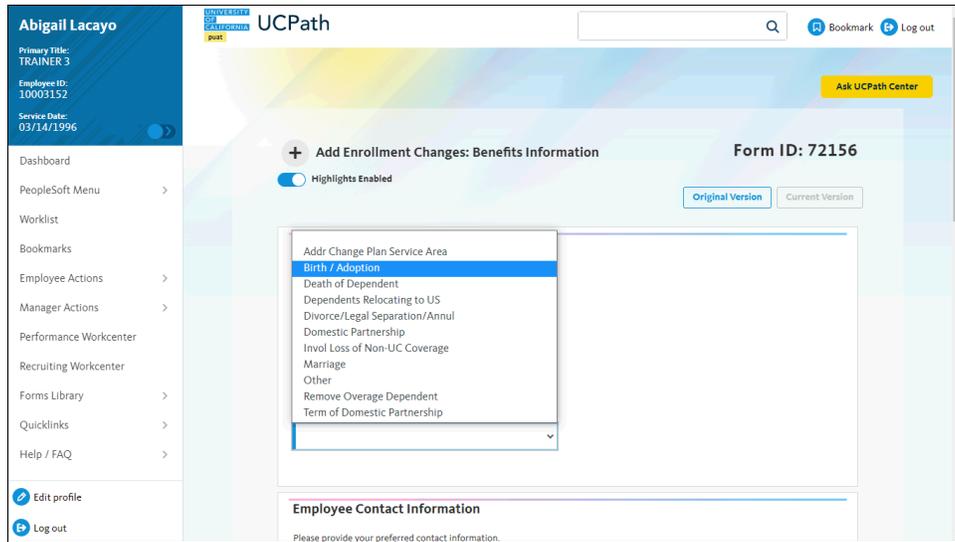
Step	Action
1.	<p>Event Date: The Event Date for a Life Event must be in the past. A benefits change for a future dated Life Event cannot be processed prior to the event date.</p> <p>Late Enrollment: The Benefits eForms recognize if the Event Date is outside of the Period of Initial Eligibility (PIE)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



Step	Action
2.	Click in the Event Date field. <div style="border: 1px solid #ccc; padding: 5px; width: fit-content; margin: 0 auto;">MM/DD/YYYY</div>
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. <div style="border: 1px solid #ccc; padding: 5px; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">▼</div>

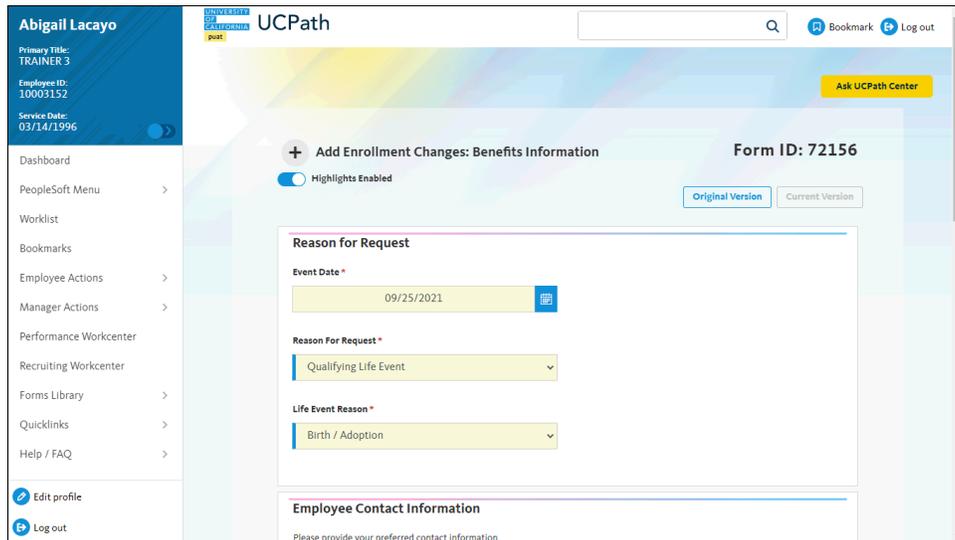


Step	Action
5.	Click the Reason For Request list item. <div style="background-color: #0070c0; color: white; padding: 5px; width: fit-content; margin: 0 auto;">Qualifying Life Event</div>
6.	Click the button to the right of the Life Event Reason field. <div style="border: 1px solid #ccc; padding: 5px; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">▼</div>



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

Birth / Adoption



Step	Action
8.	Click the scrollbar.

Abigail Lacayo
Primary Title: TRAINER 3
Employee ID: 10003152
Service Date: 03/14/1996

Employee Contact Information
Please provide your preferred contact information.

Telephone:
Employee Contact Email: UCPATH.Tester@universityofcalifornia.edu

Late Enrollment
Note: Your selection indicates this is a late enrollment request. Completion of this form does not guarantee enrollment into the requested benefit plans. All requests are subject to approval by the UC Office of the President.

You will be asked to attach documentation in support of your late enrollment in the File Attachment section. Please contact the UCPath Center at (855) 982-7284 if you have questions regarding supporting documentation requirements

Reason For Late Enrollment Request *

90-Day Waiting Period for Medical Coverage: Per UC policy, an eligible employee who is not enrolled in any medical plan may

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.

Abigail Lacayo
Primary Title: TRAINER 3
Employee ID: 10003152
Service Date: 03/14/1996

Reason For Late Enrollment Request *
I'm enrolling late and I have the birth certificate to attach.

90-Day Waiting Period for Medical Coverage: Per UC policy, an eligible employee who is not enrolled in any medical plan may elect medical coverage outside of a Period of Initial Eligibility (PIE) or Open Enrollment Period (OEP), following a 90-day waiting period. Premiums for the medical plan will be paid on an after-tax basis.

If your late enrollment request is denied, do you want to be enrolled in a medical plan subject to the 90-day waiting period?
Please answer Yes below if you want to be enrolled in a medical plan subject to the 90-day waiting period.
Please answer No below if you want to decline medical coverage.

Select Response *

Next Save For Later

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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. 
17.	The Save For Later button is available on every page of the eForm.
18.	Click the Next button. 

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.

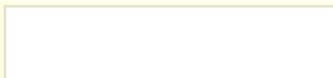
The screenshot shows the UCPath interface for Abigail Lacayo. On the left is a navigation menu with options like Dashboard, PeopleSoft Menu, Worklist, etc. The main content area displays a list of dependents with the following columns: Middle Name, Birth Date, Gender, and an 'Add A New Row' button. The table currently contains one row with the following data: Middle Name: E, Birth Date: 09/14/1983, Gender: Male. Below the table are 'Previous', 'Next', and 'Save For Later' buttons. A red message states: 'If you need to add a dependent, please scroll over to the right and click Add Row.'

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

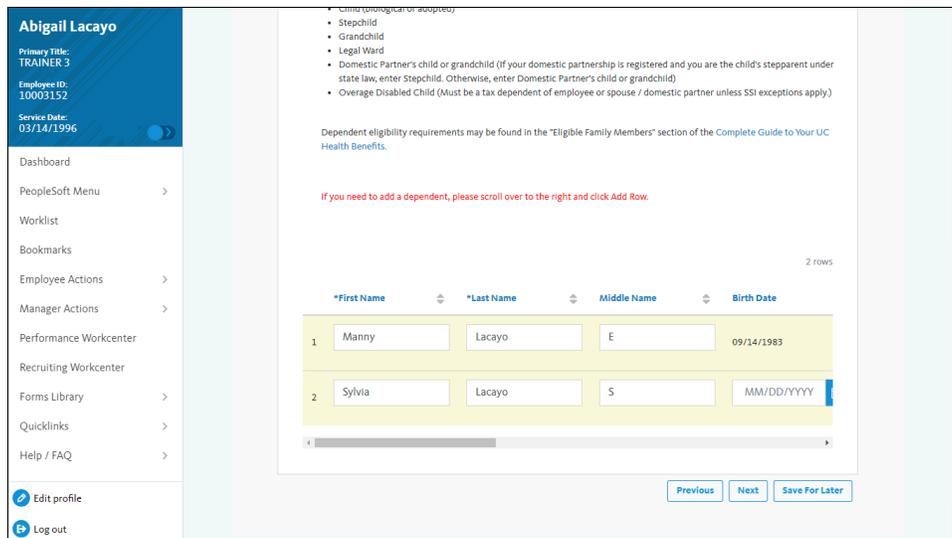


The screenshot shows the UCPath interface for Abigail Lacayo. The dependent information table now has two rows. The first row is highlighted in yellow and contains: First Name: Manny, Last Name: Lacayo, Middle Name: E, Birth Date: 09/14/1983. The second row is empty, with the Birth Date field containing a date mask 'MM/DD/YYYY'. The 'Add A New Row' button is no longer visible. The table headers are: *First Name, *Last Name, Middle Name, Birth Date. Below the table are 'Previous', 'Next', and 'Save For Later' buttons. A red message states: 'If you need to add a dependent, please scroll over to the right and click Add 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 ".



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 ".



Abigail Lacayo
Primary Title: TRAINER 3
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- Stepchild
- Grandchild
- Legal Ward
- Domestic Partner's child or grandchild (if your domestic partnership is registered and you are the child's stepparent under state law, enter Stepchild. Otherwise, enter Domestic Partner's child or grandchild)
- Overage Disabled Child (Must be a tax dependent of employee or spouse / domestic partner unless SSI exceptions apply)

Dependent eligibility requirements may be found in the "Eligible Family Members" section of the [Complete Guide to Your UC Health Benefits](#).

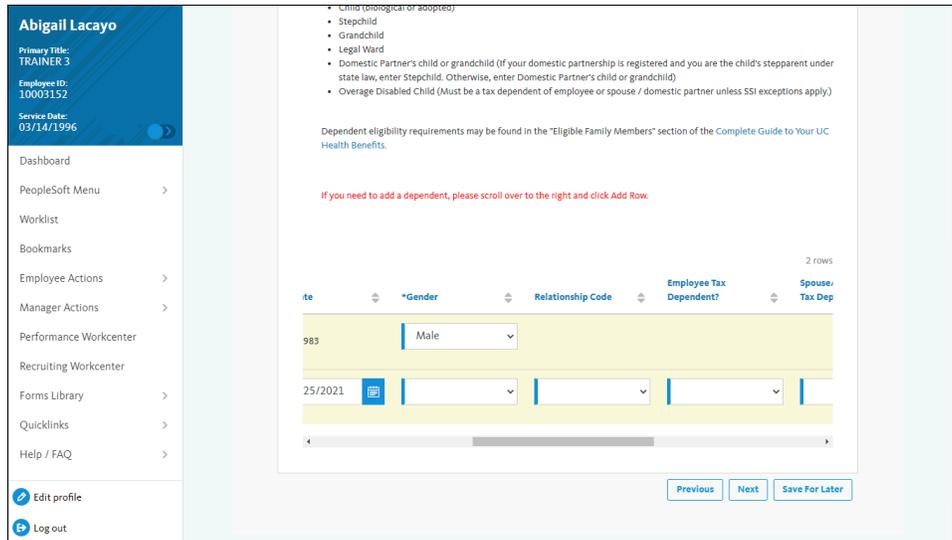
If you need to add a dependent, please scroll over to the right and click **Add Row**.

	*First Name	*Last Name	Middle Name	Birth Date
1	Manny	Lacayo	E	09/14/1983
2	Sylvia	Lacayo	S	MM/DD/YYYY

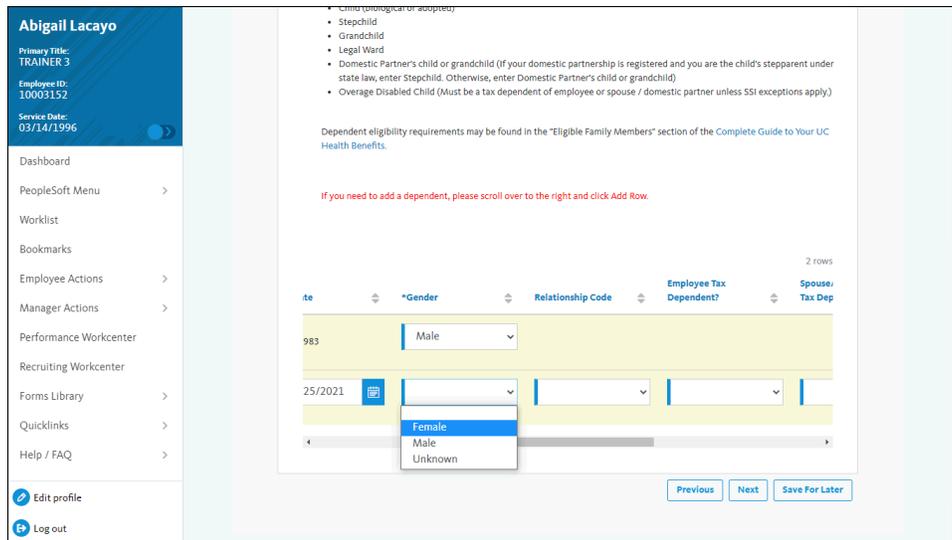
2 rows

Previous Next Save For Later

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.
34.	Click the button to the right of the Relationship Code field.

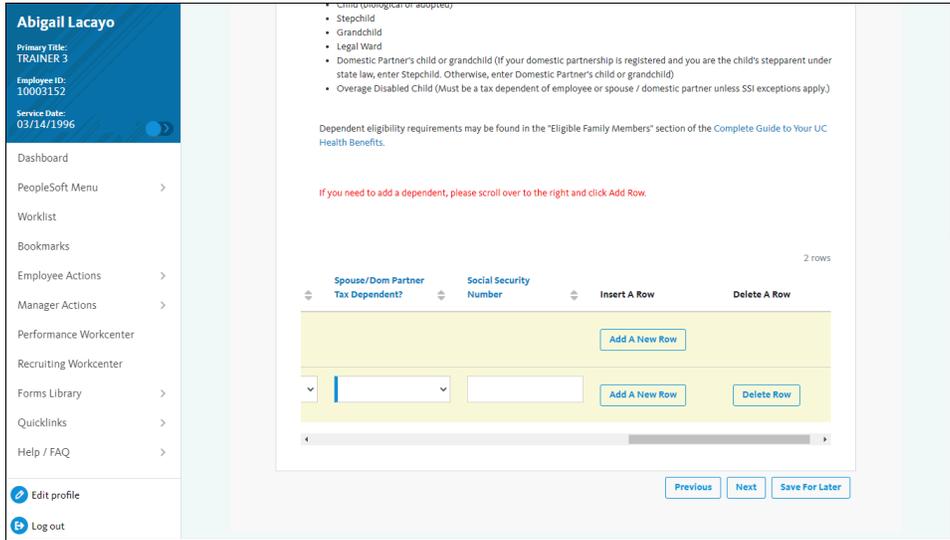
The screenshot shows the UCPath interface for Abigail Lacayo. On the left is a navigation menu with options like Dashboard, PeopleSoft Menu, Worklist, etc. The main content area displays a list of dependents with columns for SSN, Gender, Relationship Code, Employee Tax Dependent?, and Spouse/Tax Dep. A dropdown menu is open over the 'Child (Biological or Adopted)' field, listing options: Child (Biological or Adopted), Domestic Partner, Grand Child / Step Grand Child, Legal ward, Overage Disabled Child, Spouse, and Step Child. Below the table are 'Previous', 'Next', and 'Save For Later' buttons.

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

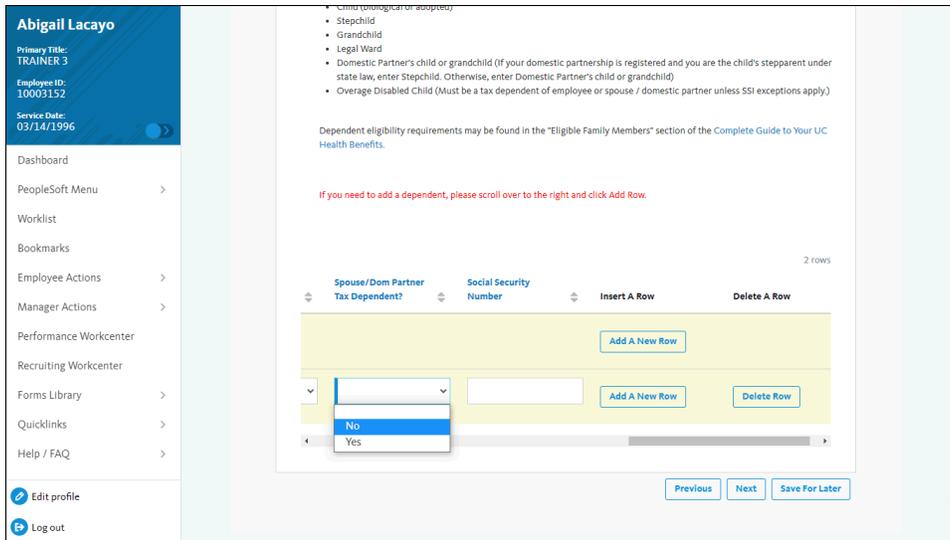
This screenshot is similar to the previous one, but the 'Employee Tax Dependent?' dropdown menu is now open, showing 'No' and 'Yes' as options. The 'Yes' option is highlighted in blue. The rest of the interface remains the same.

Step	Action
37.	Click the Yes list item. 

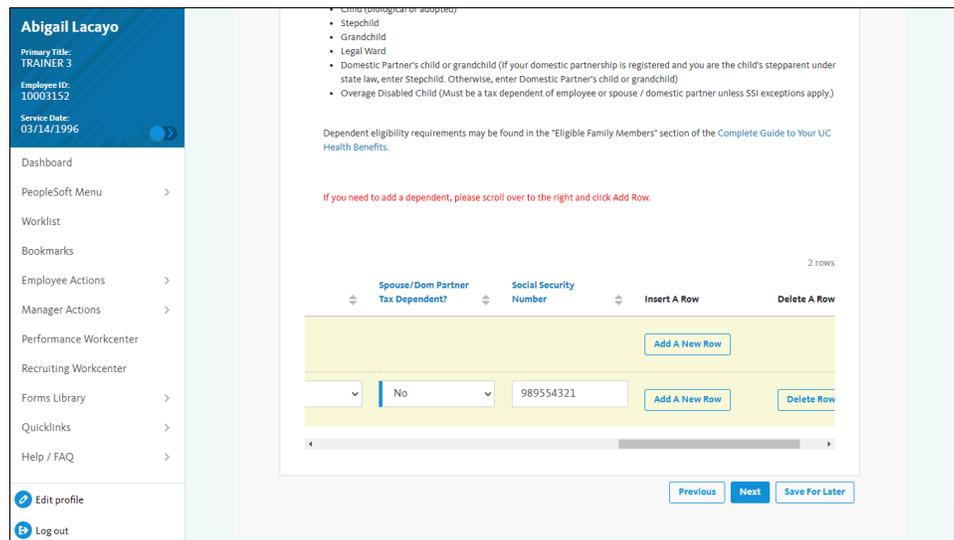
Step	Action
38.	Click the scrollbar.



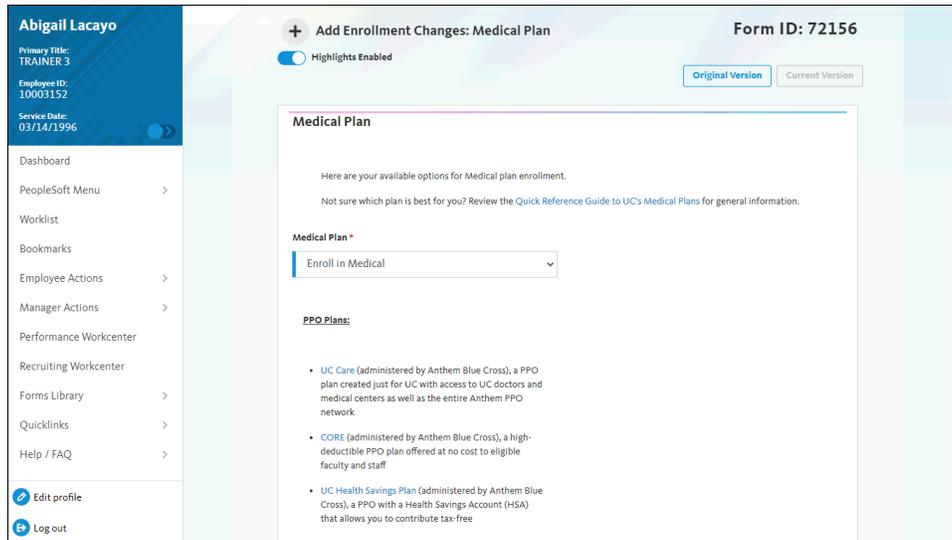
Step	Action
39.	Click the button to the right of the Spouse/Dom Partner Tax Dependent? field.



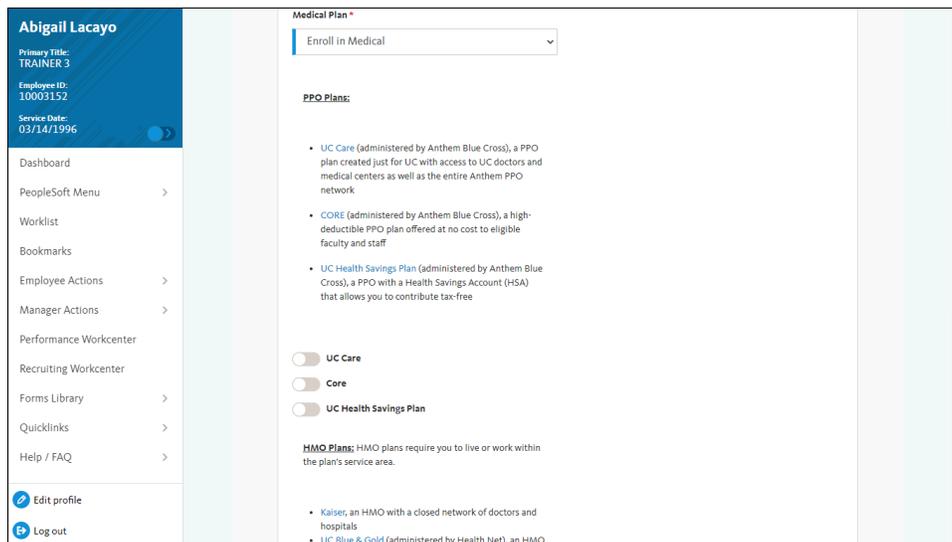
Step	Action
40.	Click the No list item. 
41.	Click in the Social Security Number field. 
42.	Enter the desired information into the Social Security Number field. Enter " 989554321 ".



Step	Action
43.	Click the Next button. 



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.



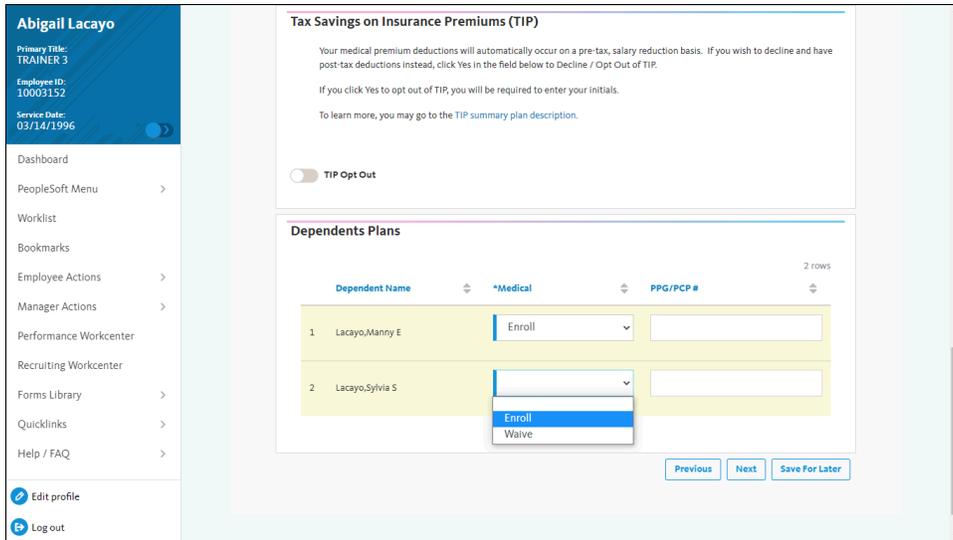
Step	Action
47.	There are three PPO Plans and two HMO Plans to choose from. Blue text throughout the Benefits eForms provide links to additional information. For example, click the blue plan names on this page to access details for each plan.

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.

Dependent Name	*Medical	PPG/PCP #
1 Lacayo,Manny E	Enroll	
2 Lacayo,Sylvia S		

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



Abigail Lacayo
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 Employee ID: 10003152
 Service Date: 03/14/1996

Tax Savings on Insurance Premiums (TIP)

Your medical premium deductions will automatically occur on a pre-tax, salary reduction basis. If you wish to decline and have post-tax deductions instead, click Yes in the field below to Decline / Opt Out of TIP.

If you click Yes to opt out of TIP, you will be required to enter your initials.

To learn more, you may go to the TIP summary plan description.

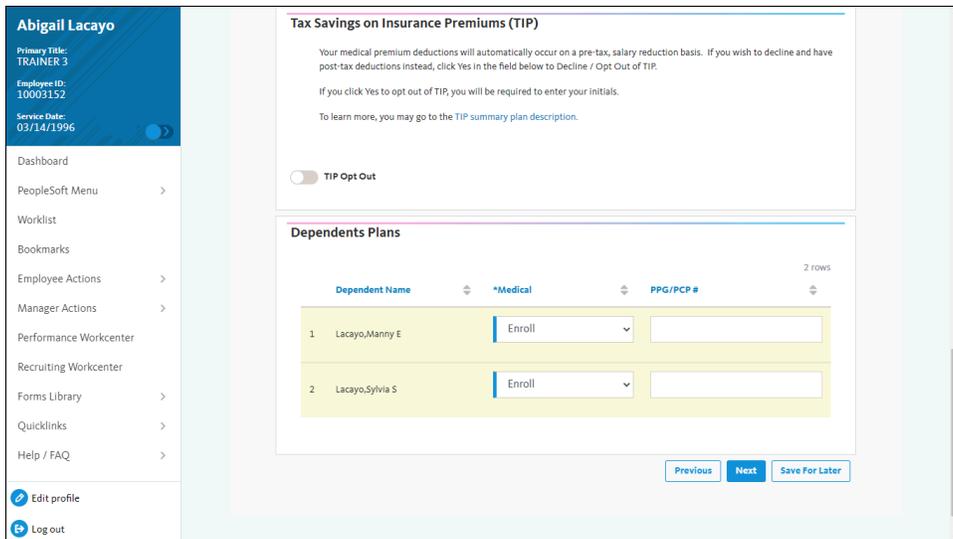
TIP Opt Out

Dependents Plans

Dependent Name	*Medical	PPG/PCP #
1 Lacayo,Manny E	Enroll	
2 Lacayo,Sylvia S	Enroll	

Buttons: Previous, Next, Save For Later

Step	Action
54.	Click the Enroll list item. 



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Tax Savings on Insurance Premiums (TIP)

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If you click Yes to opt out of TIP, you will be required to enter your initials.

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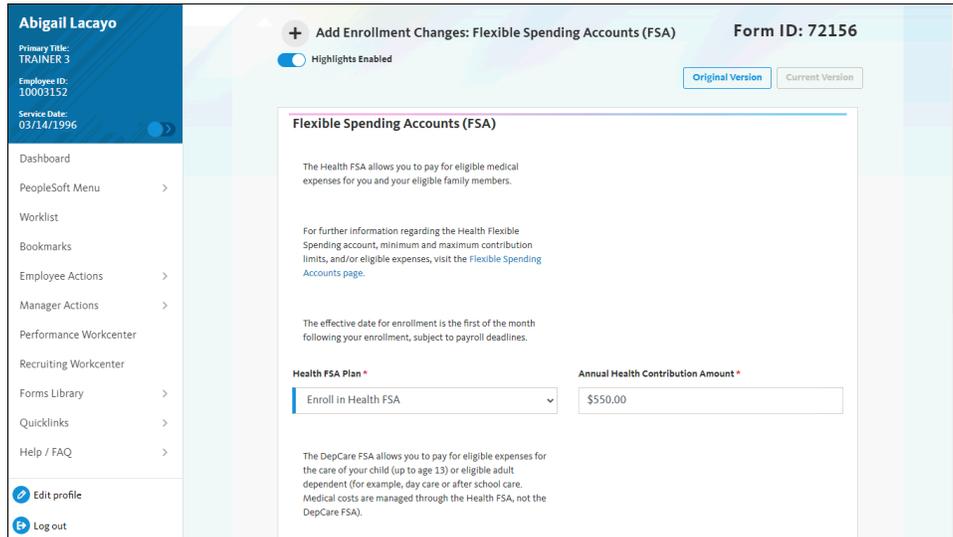
TIP Opt Out

Dependents Plans

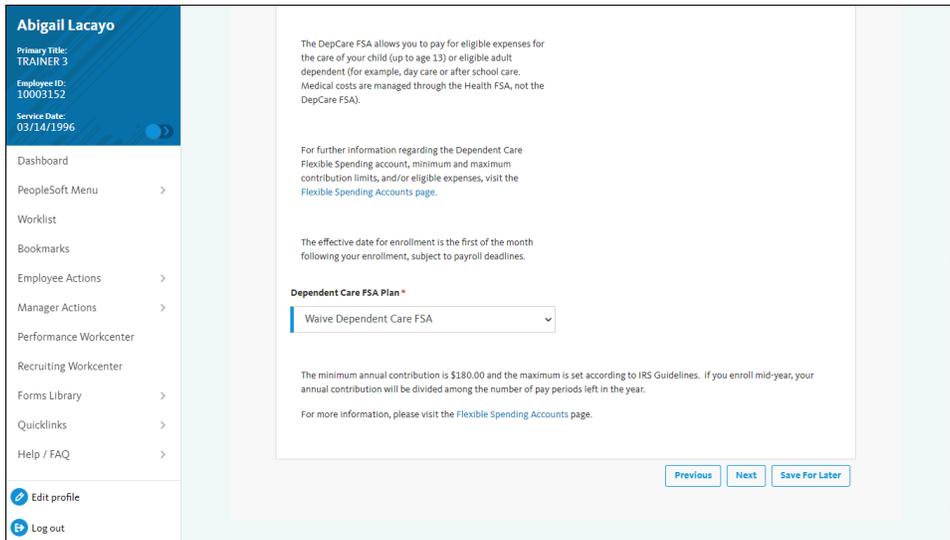
Dependent Name	*Medical	PPG/PCP #
1 Lacayo,Manny E	Enroll	
2 Lacayo,Sylvia S	Enroll	

Buttons: Previous, Next, Save For Later

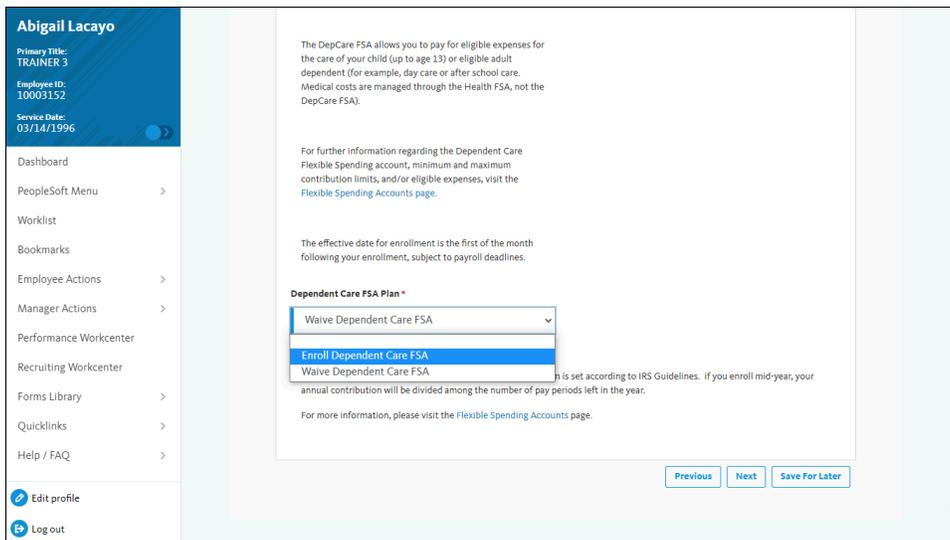
Step	Action
55.	Click the Next button. 



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.

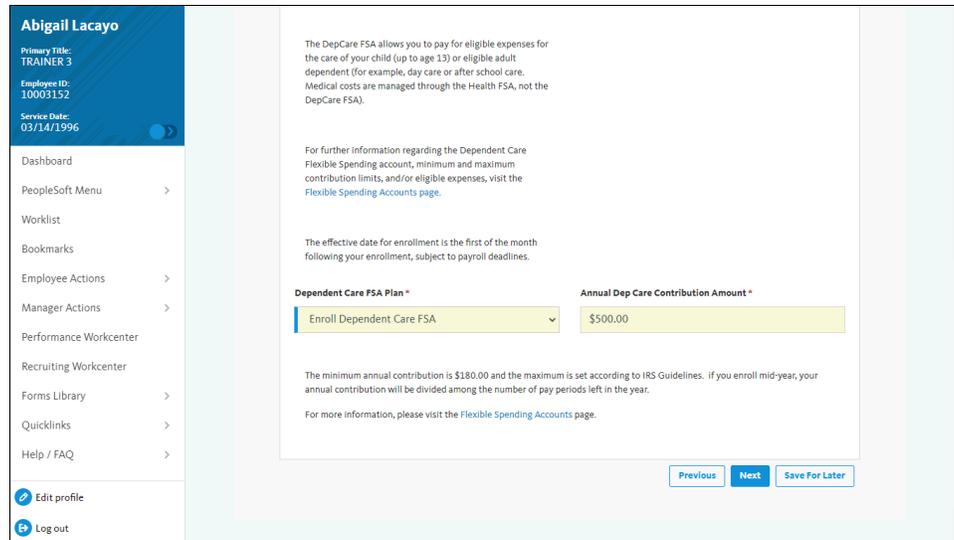


Step	Action
58.	For this example, change the Dependent Care FSA Plan enrollment from Waive to Enroll and add a contribution amount.
59.	Click the button to the right of the Dependent Care FSA Plan field. 



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 ".



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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 * Annual Dep Care Contribution Amount *

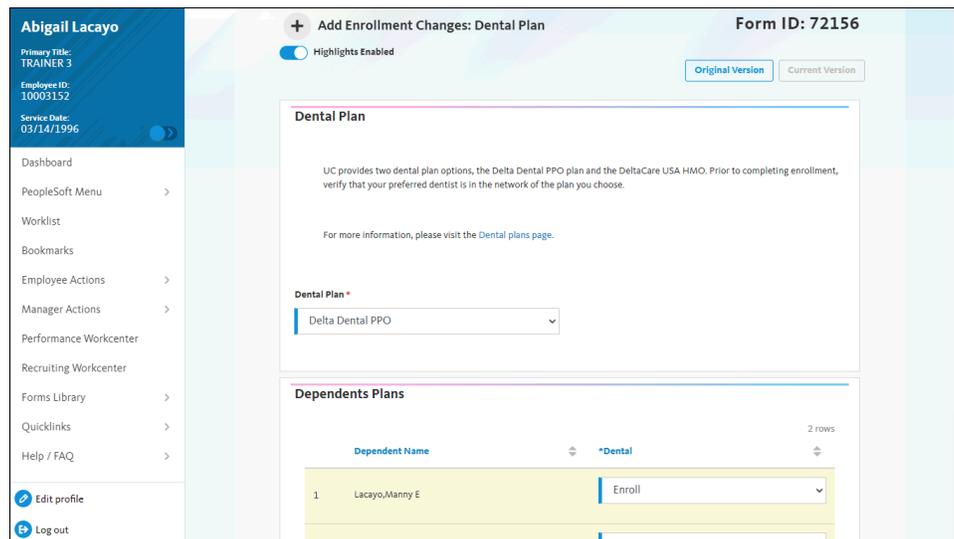
Enroll Dependent Care FSA \$500.00

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. 



Abigail Lacayo
Primary Title: TRAINER 3
Employee ID: 10003152
Service Date: 03/14/1996

+ 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 *

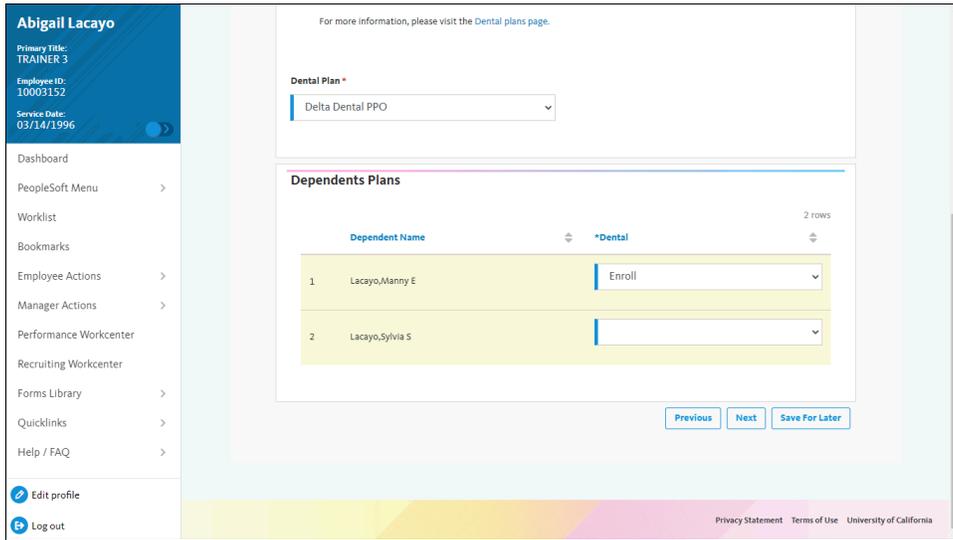
Delta Dental PPO

Dependents Plans

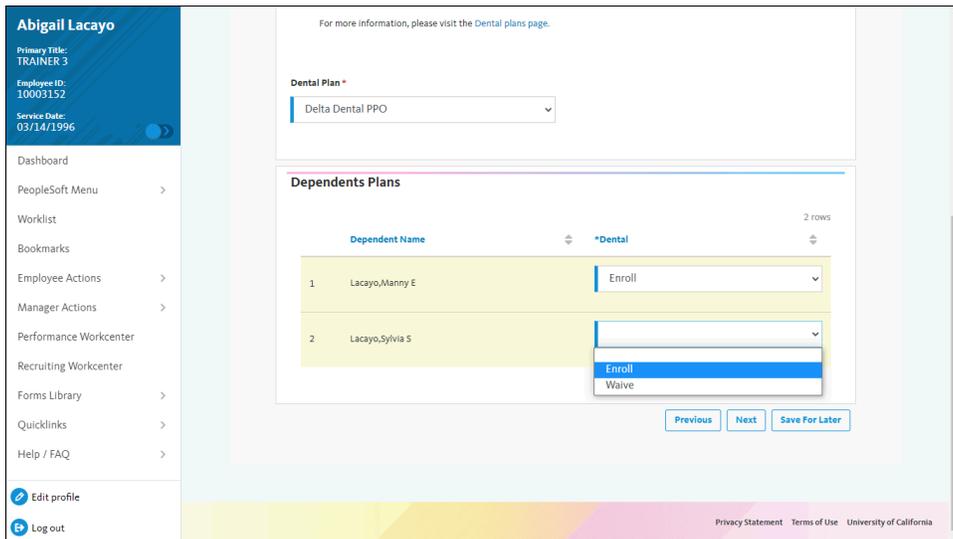
2 rows

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. 

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For more information, please visit the Dental plans page.

Dental Plan *
Delta Dental PPO

Dependents Plans

Dependent Name	*Dental
1 Lacayo,Manny E	Enroll
2 Lacayo,Sylvia S	Enroll

Previous Next Save For Later

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Step	Action
68.	Click the Next button. 

Abigail Lacayo
Primary Title: TRAINER 3
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+ Add Enrollment Changes: Vision Plan Form ID: 72156

Highlights Enabled

Original Version Current Version

Vision Plan

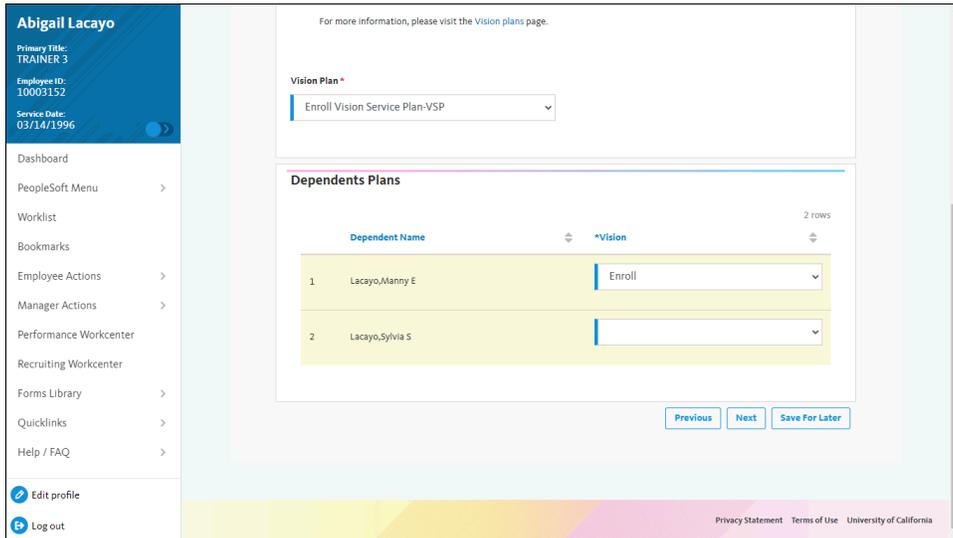
The Vision Service Plan provides coverage for you and your eligible family members for vision examinations, corrective lenses or contact lenses, frames and other materials, through a nationwide network of providers.
For more information, please visit the Vision plans page.

Vision Plan *
Enroll Vision Service Plan-VSP

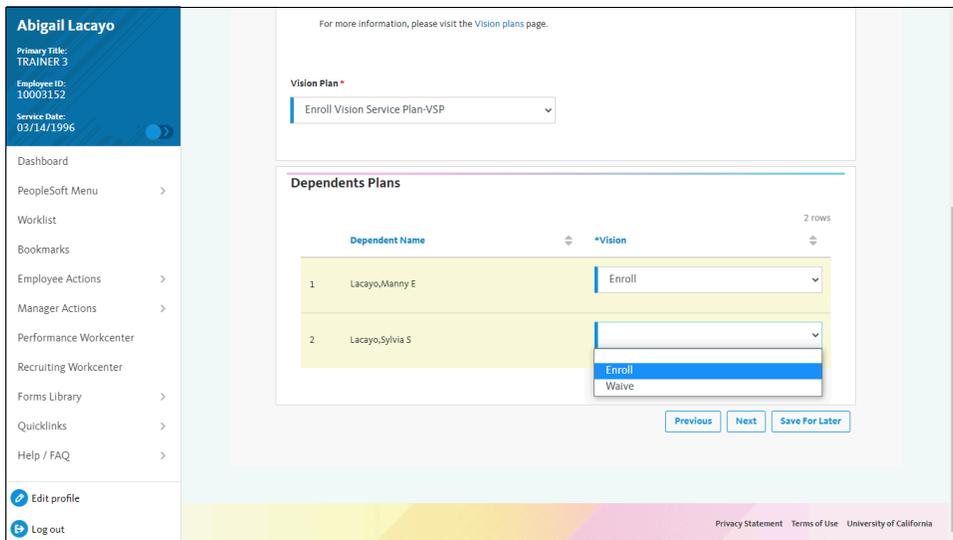
Dependents Plans

Dependent Name	*Vision
1 Lacayo,Manny E	Enroll
2 Lacayo,Sylvia S	

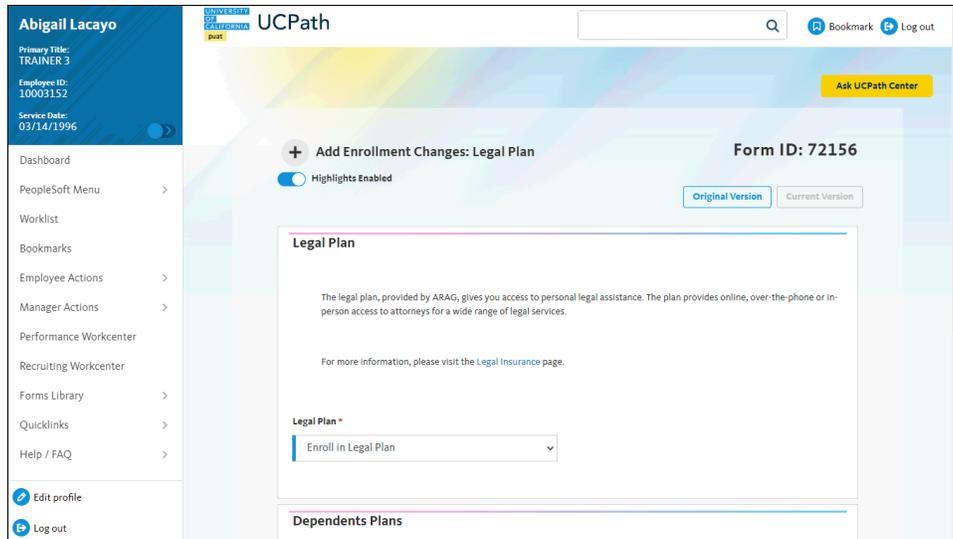
Step	Action
69.	The Vision Plan page appears. For this example, accept the defaulted benefit selection.
70.	Click the scrollbar.



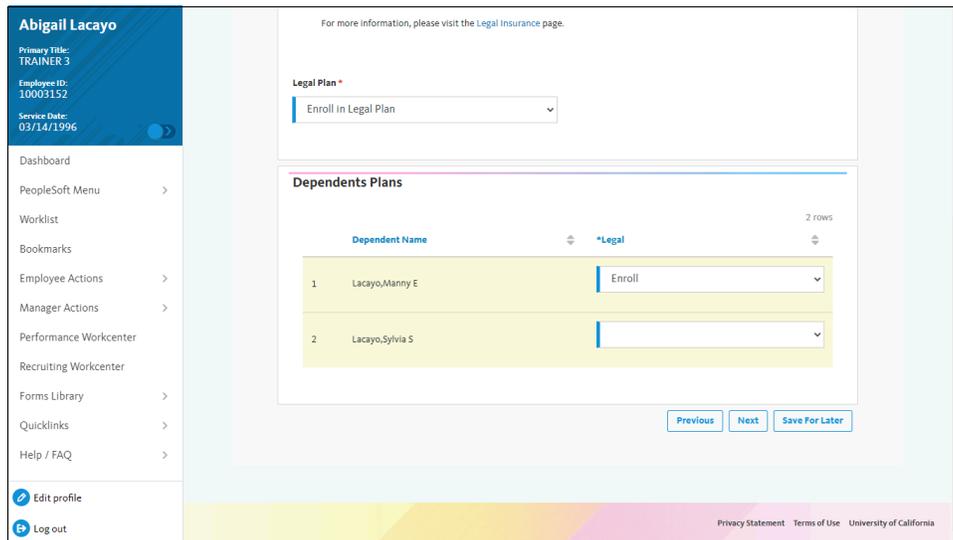
Step	Action
71.	Click the button to the right of the Vision field.



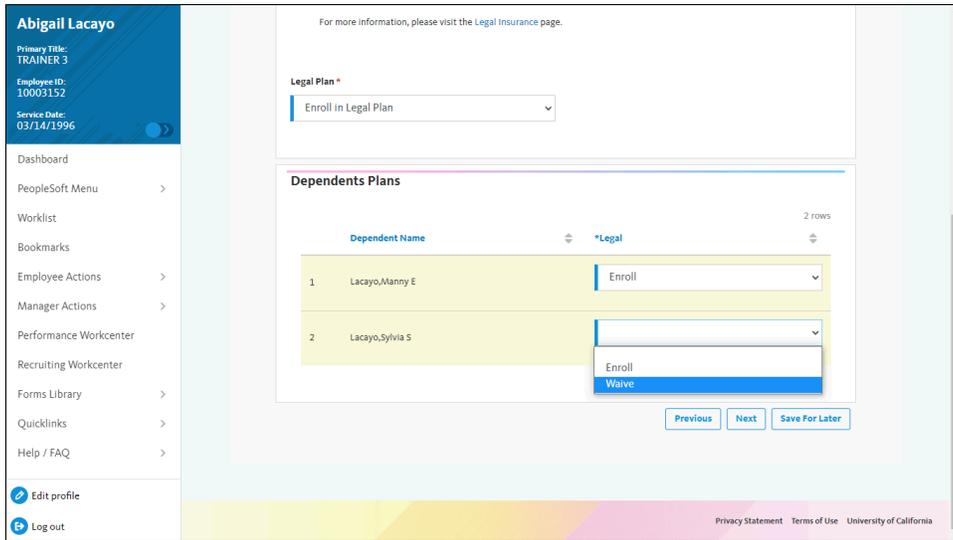
Step	Action
72.	Click the Enroll list item. 
73.	Click the Next button. 



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. 

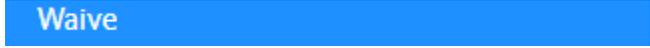


Step	Action
77.	Click the Waive list item. 
78.	Click the Next button. 

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.

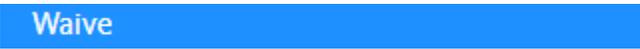


Step	Action
88.	The Dependent Life Insurance page appears. For this example, accept the defaulted benefit selection.

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.



Abigail Lacayo
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 Employee ID: 10003152
 Service Date: 03/14/1996

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

Edit profile
 Log out

Participation Terms and Conditions

Your Social Security number, and that of your enrolled family members, is required for purposes of benefit plan administration, for financial reporting, to verify your identity, and for legally required reporting purposes all in compliance with federal and state laws.

If you are confirmed as eligible for participation in UC-sponsored plans, you are subject to the following terms and conditions:

- With the exception of benefits provided or administered by Optum Behavioral Health, UC-sponsored medical plans require resolution of disputes through arbitration. With regard to each plan, by your written or electronic signature, IT IS UNDERSTOOD AND YOU AGREE THAT ANY DISPUTE AS TO MEDICAL MALPRACTICE - THAT IS, AS TO WHETHER ANY MEDICAL SERVICES RENDERED UNDER THE CONTRACT WERE UNNECESSARY OR UNAUTHORIZED OR WERE IMPROPERLY, NEGLIGENTLY OR INCOMPETENTLY RENDERED - WILL BE DETERMINED BY SUBMISSION TO ARBITRATION AS PROVIDED BY CALIFORNIA LAW AND NOT BY A LAWSUIT OR RESORT TO COURT PROCESS, EXCEPT AS CALIFORNIA LAW PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. BOTH PARTIES TO THE CONTRACT, BY ENTERING INTO IT, ARE GIVING UP THEIR CONSTITUTIONAL RIGHT TO HAVE ANY SUCH DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY AND INSTEAD ARE ACCEPTING THE USE OF ARBITRATION. For more information about each plan's arbitration provision please see the appropriate plan booklet or call the plan.
- 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.

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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Dashboard
 PeopleSoft Menu
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Edit profile
 Log out

ARBITRATION

With the exception of benefits provided or administered by Optum Behavioral Health, UC-sponsored medical plans require resolution of disputes through arbitration.

With regard to each plan, by your written or electronic signature, IT IS UNDERSTOOD AND YOU AGREE THAT ANY DISPUTE AS TO MEDICAL MALPRACTICE - THAT IS, AS TO WHETHER ANY MEDICAL SERVICES RENDERED UNDER THE CONTRACT WERE UNNECESSARY OR UNAUTHORIZED OR WERE IMPROPERLY, NEGLIGENTLY OR INCOMPETENTLY RENDERED - WILL BE DETERMINED BY SUBMISSION TO ARBITRATION AS PROVIDED BY CALIFORNIA LAW AND NOT BY A LAWSUIT OR RESORT TO COURT PROCESS, EXCEPT AS CALIFORNIA LAW PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. BOTH PARTIES TO THE CONTRACT, BY ENTERING INTO IT, ARE GIVING UP THEIR CONSTITUTIONAL RIGHT TO HAVE ANY SUCH DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY AND INSTEAD ARE ACCEPTING THE USE OF ARBITRATION.

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.

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

Abigail Lacayo
Primary Title: TRAINER 3
Employee ID: 10003152
Service Date: 03/14/1996

signature, IT IS UNDERSTOOD AND YOU AGREE THAT ANY DISPUTE AS TO MEDICAL MALPRACTICE – THAT IS, AS TO WHETHER ANY MEDICAL SERVICES RENDERED UNDER THE CONTRACT WERE UNNECESSARY OR UNAUTHORIZED OR WERE IMPROPERLY, NEGLIGENTLY OR INCOMPETENTLY RENDERED – WILL BE DETERMINED BY SUBMISSION TO ARBITRATION AS PROVIDED BY CALIFORNIA LAW AND NOT BY A LAWSUIT OR RESORT TO COURT PROCESS, EXCEPT AS CALIFORNIA LAW PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. BOTH PARTIES TO THE CONTRACT, BY ENTERING INTO IT, ARE GIVING UP THEIR CONSTITUTIONAL RIGHT TO HAVE ANY SUCH DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY AND INSTEAD ARE ACCEPTING THE USE OF ARBITRATION.

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 ALL MEDICAL PLANS EXCEPT KAISER FOUNDATION HEALTH PLANS AND OPTUM BEHAVIORAL HEALTH. *

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

[Additional Terms and Conditions](#)

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

Abigail Lacayo
Primary Title: TRAINER 3
Employee ID: 10003152
Service Date: 03/14/1996

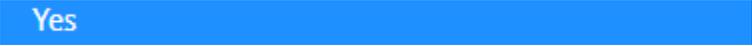
signature, IT IS UNDERSTOOD AND YOU AGREE THAT ANY DISPUTE AS TO MEDICAL MALPRACTICE – THAT IS, AS TO WHETHER ANY MEDICAL SERVICES RENDERED UNDER THE CONTRACT WERE UNNECESSARY OR UNAUTHORIZED OR WERE IMPROPERLY, NEGLIGENTLY OR INCOMPETENTLY RENDERED – WILL BE DETERMINED BY SUBMISSION TO ARBITRATION AS PROVIDED BY CALIFORNIA LAW AND NOT BY A LAWSUIT OR RESORT TO COURT PROCESS, EXCEPT AS CALIFORNIA LAW PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. BOTH PARTIES TO THE CONTRACT, BY ENTERING INTO IT, ARE GIVING UP THEIR CONSTITUTIONAL RIGHT TO HAVE ANY SUCH DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY AND INSTEAD ARE ACCEPTING THE USE OF ARBITRATION.

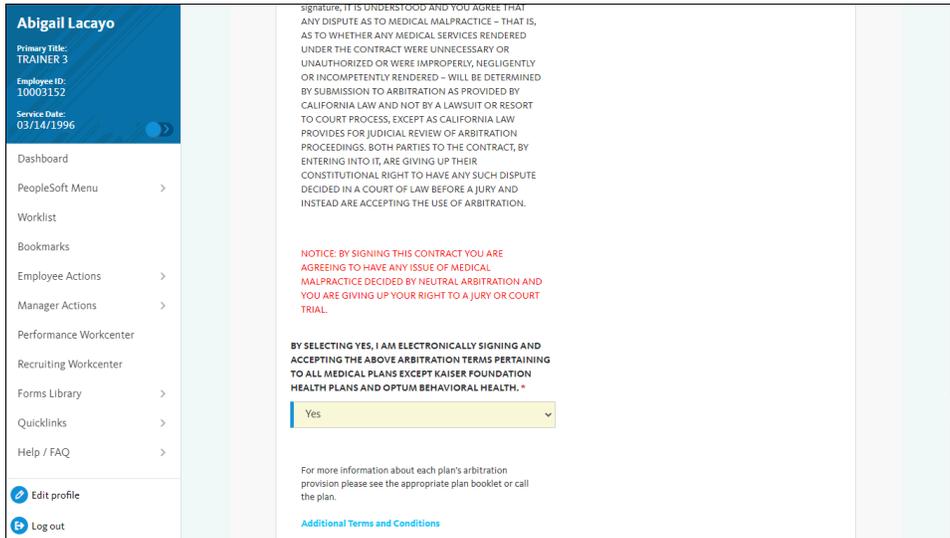
NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL.

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

[Additional Terms and Conditions](#)

Step	Action
100.	Click the Yes list item. 



Abigail Lacayo
Primary Title: TRAINER 3
Employee ID: 10003152
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signature, IT IS UNDERSTOOD AND YOU AGREE THAT ANY DISPUTE AS TO MEDICAL MALPRACTICE - THAT IS, AS TO WHETHER ANY MEDICAL SERVICES RENDERED UNDER THE CONTRACT WERE UNNECESSARY OR UNAUTHORIZED OR WERE IMPROPERLY, NEGLIGENTLY OR INCOMPETENTLY RENDERED - WILL BE DETERMINED BY SUBMISSION TO ARBITRATION AS PROVIDED BY CALIFORNIA LAW AND NOT BY A LAWSUIT OR RESORT TO COURT PROCESS, EXCEPT AS CALIFORNIA LAW PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. BOTH PARTIES TO THE CONTRACT, BY ENTERING INTO IT, ARE GIVING UP THEIR CONSTITUTIONAL RIGHT TO HAVE ANY SUCH DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY AND INSTEAD ARE ACCEPTING THE USE OF ARBITRATION.

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.

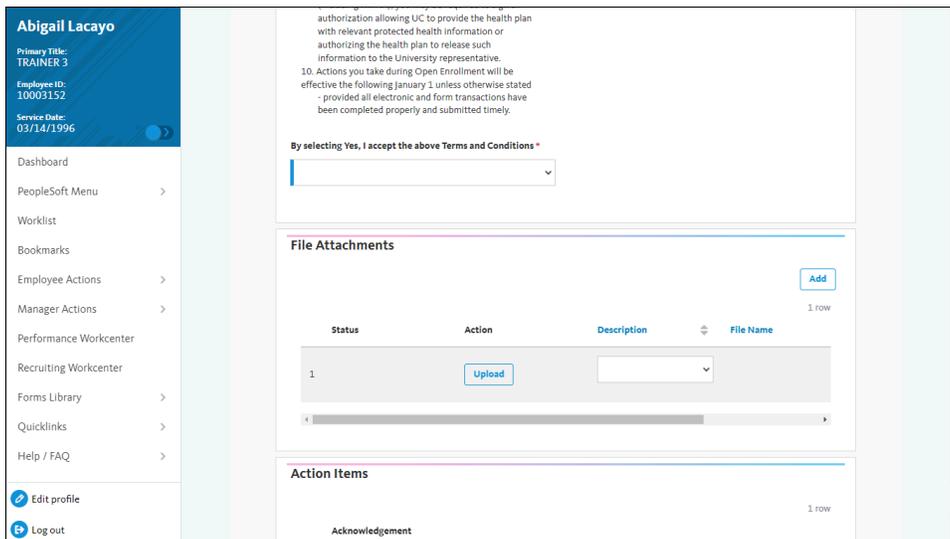
BY SELECTING YES, I AM ELECTRONICALLY SIGNING AND ACCEPTING THE ABOVE ARBITRATION TERMS PERTAINING TO ALL MEDICAL PLANS EXCEPT KAISER FOUNDATION HEALTH PLANS AND OPTUM BEHAVIORAL HEALTH. *

Yes

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

[Additional Terms and Conditions](#)

Step	Action
101.	Click the scrollbar.



authorization allowing UC to provide the health plan with relevant protected health information or authorizing the health plan to release such information to the University representative.

10. Actions you take during Open Enrollment will be effective the following January 1 unless otherwise stated - provided all electronic and form transactions have been completed properly and submitted timely.

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

Yes

File Attachments

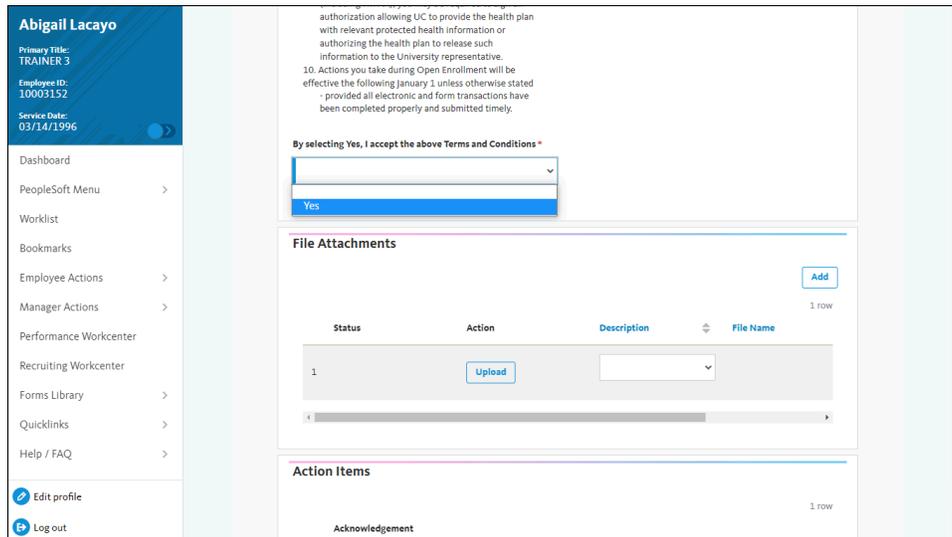
Add

Status	Action	Description	File Name
1	Upload		

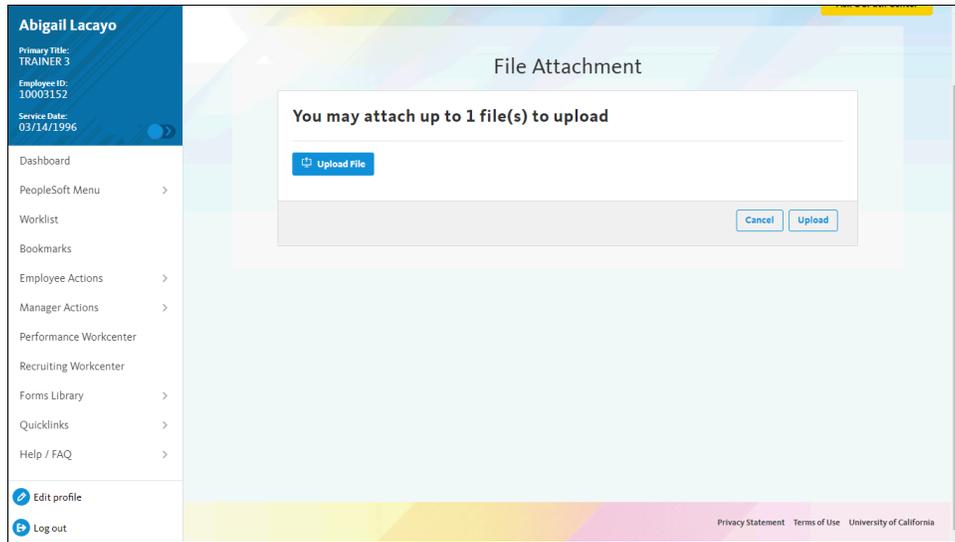
Action Items

Acknowledgement

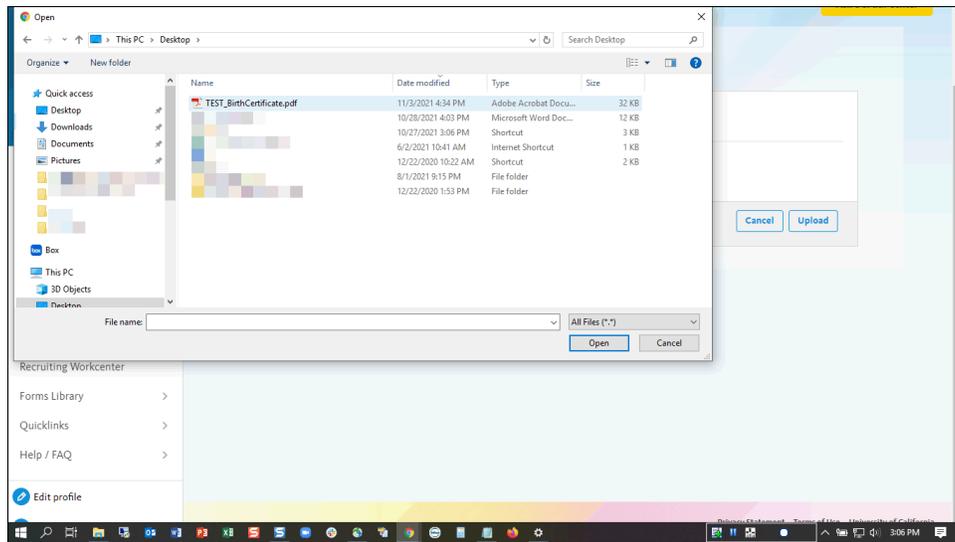
Step	Action
102.	Click the button to the right of the By selecting Yes, I accept the above Terms and Conditions field. 



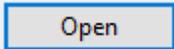
Step	Action
103.	Click the Yes list item. 
104.	Use the File Attachments section to upload supporting documentation. - Use the Upload button to add one file at a time. - Use the Add button to create new rows to add additional files if needed.
105.	Click the Upload button. 

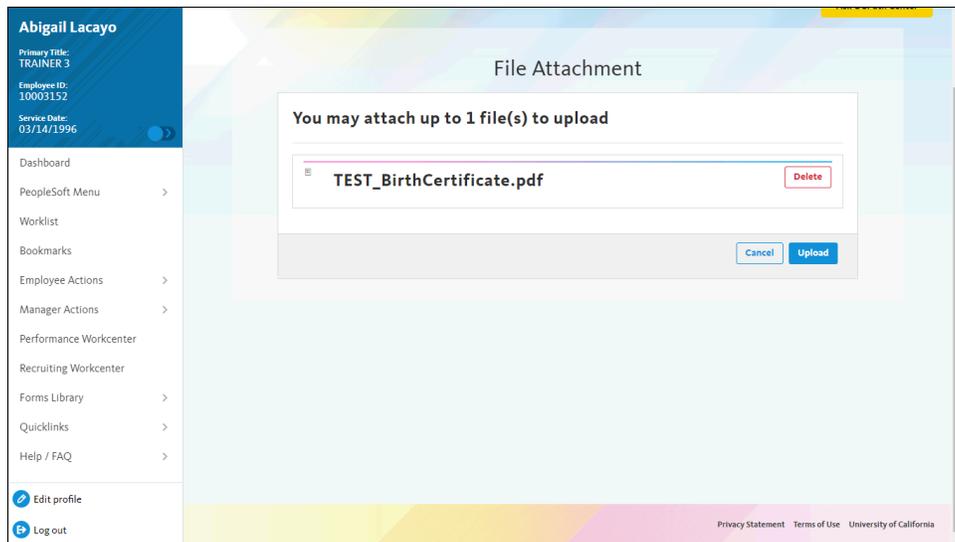


Step	Action
106.	Click the Upload File button.

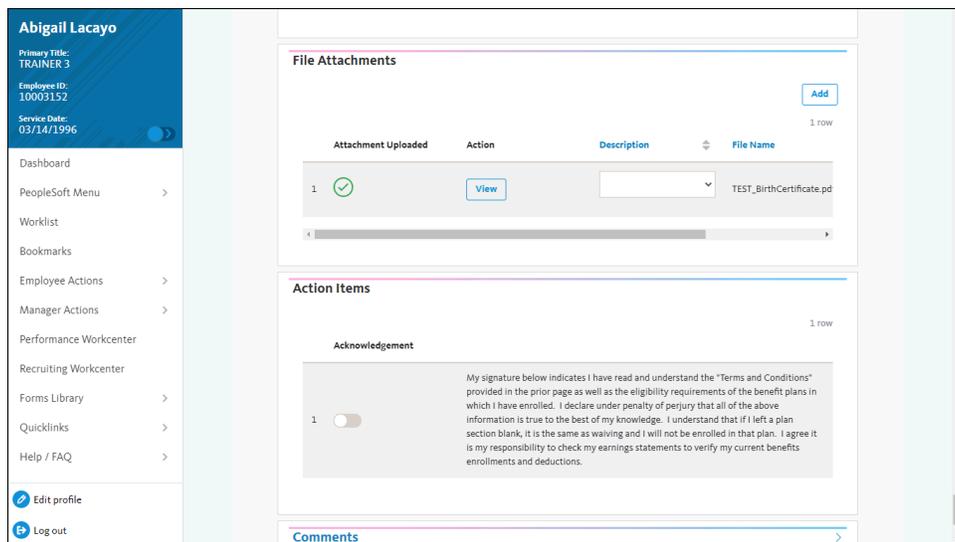


Step	Action
107.	Double-click the TEST_BirthCertificate file link.
108.	Click the Open button.

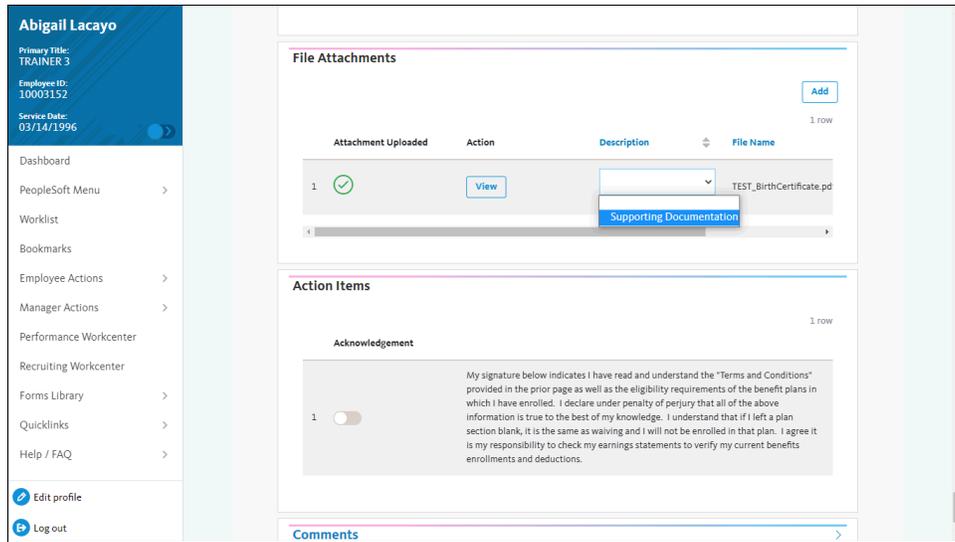


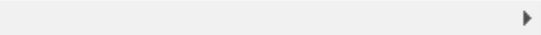


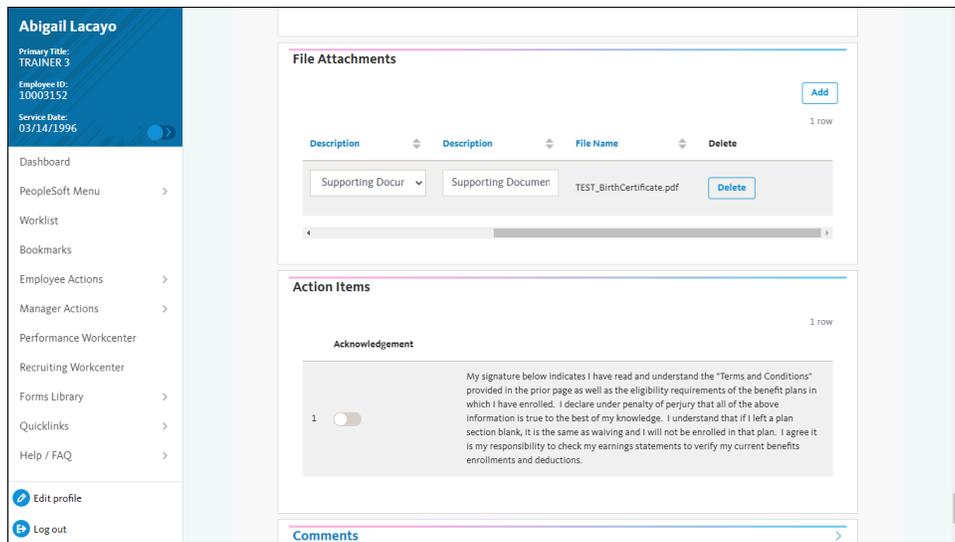
Step	Action
109.	Click the Upload object. 



Step	Action
110.	Click the button to the right of the Description field. 

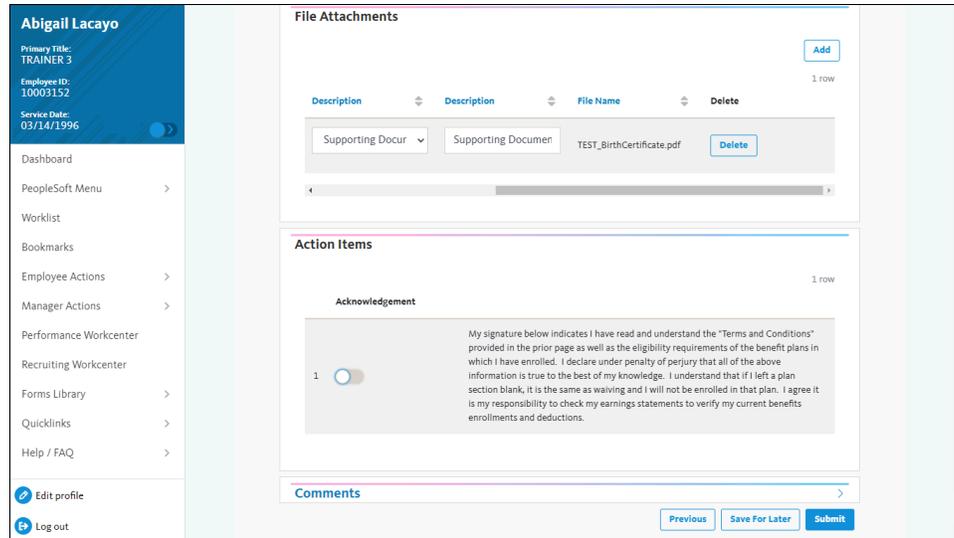


Step	Action
111.	Click the Supporting Documentation list item. 
112.	Click the scrollbar. 



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. 

Abigail Lacayo
 Primary Title: TRAINER 3
 Employee ID: 10003152
 Service Date: 03/14/1996

Acknowledgement 1 row

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



Abigail Lacayo
 Primary Title: TRAINER 3
 Employee ID: 10003152
 Service Date: 03/14/1996

+ Add Enrollment Changes: Results Form ID: 72156

Action Item Log 1 row

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.	10003152	11/04/21 3:08:13.000000PM

Print

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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.