



Benefits for Domestic Partners

for Active Employees

The University of California provides the following benefits for the domestic partners of active employees:

UCRP Survivor Income

The University of California Retirement Plan (UCRP) provides monthly survivor benefits to eligible same-sex and opposite-sex domestic partners of UCRP members who retire or die on and after July 1, 2002. In certain circumstances, a partner's eligible child may also receive UCRP survivor benefits. To ensure survivor benefits for a domestic partner, employees should take action now. See "Establishing a domestic partnership..." on page 5.

Health and Welfare Benefits

Same-sex domestic partners—and/or a partner's child or grandchild—may be eligible for the following UC-sponsored insurance coverage: medical, dental, vision, dependent life, accidental death and dismemberment, and legal expense. Employees may also be able to use flexible dependent care and health care spending accounts to reimburse eligible expenses incurred by a partner and/or a partner's child or grandchild.

Leave Policies

University policies permit employees to use sick leave in case of the illness or death of a domestic partner or partner's child. Family and medical leave may also be used in case of a partner's serious health condition.

UCRP Survivor Income Health and Welfare Benefits

Definition of domestic partnership

(same-sex and opposite-sex domestic partners)

A domestic partnership registered with the State of California is a domestic partnership for UC benefits purposes.

A domestic partnership that has not been registered with the State of California must meet the following criteria:

- parties must be each other's sole domestic partner in a long-term, committed relationship and must intend to remain so indefinitely
- neither party may be legally married
- parties must not be related to each other by blood to a degree that would prohibit legal marriage in the State of California
- both parties must be at least 18 years old and capable of consenting to the relationship
- parties must be financially interdependent
- parties must live together and intend to do so indefinitely

In addition, for UCRP pre- and post-retirement benefits, the partnership must have been in existence for at least one year as of the date of death or retirement. See "What benefits are available" on page 3.

California State registration

Same-sex domestic partners can register their domestic partnership with the State of California.

Opposite-sex domestic partners as defined in California Family Code Section 297 (that is, one or both are over age 62 and eligible for Social Security benefits) may also register.

For more information and forms, see page 8.

What benefits are available

UCRP survivor income

(for same-sex and opposite-sex domestic partners)

Pre-retirement survivor benefits (member is not eligible to retire)

- Monthly survivor benefits may be available to an eligible domestic partner if the UCRP member has at least two years of service credit and dies while employed at UC or while receiving UCRP disability income.
- The domestic partnership must have existed for at least one year before the member's death, and the partner must meet other eligibility requirements.

Death while eligible to retire

- A lifetime monthly benefit may be available to a surviving domestic partner if an active, inactive or disabled UCRP member dies while eligible to retire (that is, age 50 or older with at least five years of service credit).
- There is no one-year partnership requirement.

Post-retirement survivor benefits

- A lifetime monthly benefit may be available to a domestic partner when a UCRP member dies after retirement.
- The domestic partnership must have existed for at least one year at the time of the member's retirement and continuously until the member's death.

A UCRP member's child and/or a domestic partner's natural or adopted child may also be eligible for pre-retirement or post-retirement survivor benefits.

If the member has both a domestic partner and an eligible child, survivor benefits will be paid to the partner, unless the partner predeceases the child.

See "Establishing a domestic partnership..." on page 5 for **documentation requirements** for UCRP survivor benefits.

For **eligibility requirements for UCRP survivor benefits**, see the booklet *Survivor Benefits for Domestic Partners*. (The eligibility information will also be included in the next revision of the UCRP summary plan descriptions.)

Health and welfare benefits
(for same-sex domestic partners of active employees)

An employee's same-sex domestic partner and the partner's child or grandchild may be eligible for some or all of the following benefits. See *Your Group Insurance Plans* or the *Group Insurance Eligibility Factsheet* for more information.

- Medical
- Dental
- Vision
- Dependent Life
- Accidental Death and Dismemberment (AD&D)
- Legal Expense
- Dependent Care Reimbursement Account (DepCare)—Employees may use DepCare for a domestic partner's expenses—or for those of a partner's child or grandchild—only if the employee claims them as dependents for income tax purposes.
- Health Care Reimbursement Account (HCRA)—Employees may use HCRA for a domestic partner's health care expenses—or for those of a partner's child or grandchild—only if the employee claims them as dependents for income tax purposes.
- Tax Savings on Insurance Premiums (TIP)—In general, employees may not use TIP to pay the out-of-pocket premium cost for medical coverage for a same-sex domestic partner and/or the partner's child/grandchild who is not their tax dependent. Monthly costs for these individuals must be paid on an after-tax basis.

EXCEPTION: If an employee has registered his/her same-sex domestic partnership with the State of California and has submitted form UPAY 850 indicating such registration and the filing date, any out-of-pocket premium cost for medical coverage for the partner and/or the partner's child/grandchild is deducted from pay on a pretax basis for California income tax purposes only. For federal tax purposes, the out-of-pocket premium cost must still be paid on an after-tax basis.

If these family members are the employee's tax dependents, any necessary adjustments will be made at the end of the year when the employee responds to the annual tax dependency mailing (see "Waiver of imputed income" on page 7). The employee may recover any excess federal or California State income tax withheld when filing tax returns.

Health and welfare benefits
(for same-sex domestic partners of retired or deceased employees)

Employee dies—If specific conditions are met, a same-sex domestic partner (and/or a partner's child/grandchild) may be able to continue UC-sponsored medical/dental/legal coverage upon the employee's death.

For details about continued UC health and welfare plan coverage, COBRA coverage, or conversion to individual insurance policies, see the *Survivor and Beneficiary Handbook for Surviving Family Members and Beneficiaries of UC Employees*.

Employee retires—An employee may be able to continue medical/dental/legal coverage into retirement. A same-sex domestic partner (and/or partner's child/grandchild) who is enrolled as a family member at the time of retirement may be able to continue coverage as well.

For details about health and welfare benefits for retirees and their eligible family members, see the *Retirement Handbook*.

Retiree dies—A same-sex domestic partner (and/or partner's child/grandchild) may be able to continue medical/dental/legal coverage if they were enrolled in the plan(s) at the time of the retiree's death and are eligible to receive a monthly benefit from UCRP.

For details about continued coverage after a retiree's death, see the *Survivor and Beneficiary Handbook for Family Members and Beneficiaries of UC Annuity*.

Establishing a domestic partnership for UCRP survivor income

(same-sex and opposite-sex domestic partners)

Registered with the State of California

Submit a copy of the *Declaration of Domestic Partnership* (SEC/STATE LP/SF DP-1) that has been filed with the State of California. See “Send documents to” below. (The process will be quicker if the member’s Social Security number—or at least the first five digits—is included.)

UCRP members can submit a copy of their State registration at any time or their partner can submit a copy when the member dies.

UC HR/Benefits will use the **date the State form was filed as the beginning date of the domestic partnership.**

If a partnership has been registered with the State very recently, the employee may want to consider submitting the UBEN 250 and supporting documentation (see next paragraph) if that would establish an earlier beginning date for the partnership. This action could preserve a partner’s right to pre- or post-retirement survivor benefits, for which there is a one-year partnership requirement.

Not registered

If the partnership has not been registered with the State, the UCRP member must submit UC form UBEN 250 (*Declaration of Domestic Partnership*) and three supporting documents. See “Supporting documentation...” on page 6.

UC HR/Benefits will use the **earliest date established by the documentation as the beginning date of the domestic partnership.**

UCRP members must submit the UBEN 250 and documentation before their death or no survivor benefits will be payable to their domestic partner.

Send documents to

UC HR/Benefits

Records Management

P.O. Box 24570

Oakland, CA 94623-1570

UC HR/Benefits will send an acknowledgment.

Enrolling a same-sex domestic partner in the health and welfare plans

Employees can enroll their same-sex domestic partners and/or a partner’s child/grandchild

- online when the employee is first eligible, or
- during an announced Open Enrollment period (usually in November), or
- by submitting form UPAY 850 (*Enrollment, Change, Cancellation, or Opt Out*)
 - within the 31-day Period of Initial Eligibility (PIE) beginning when the partner first meets eligibility criteria, or
 - for medical plans only, at any time (effective date is delayed for 90 days)

(If partnership is registered with the State of California, check the appropriate box in Section 2 of the UPAY 850 and enter the filing date. If partnership is not registered, check the box for “Add eligible family member” and enter partner’s first date of eligibility.)

After enrollment, employees may be asked to submit documentation establishing the domestic partnership. A copy of their filed California State registration will fulfill this request. If their partnership is not registered with the State, employees must submit supporting documentation as noted on page 6.

Supporting documentation for a domestic partnership

(UCRP survivor income and health and welfare benefits)

For UCRP survivor benefits and, if requested, for health and welfare benefits, employees who have not registered their domestic partnership with the State of California must submit any three of the following:

- joint mortgage or joint tenancy on a residential lease
- joint bank account
- joint liabilities (for example, credit cards or car loans)
- joint ownership of significant property (for example, a car or a house)
- durable property or health care power of attorney
- wills, life insurance policies or retirement annuities naming each other as primary beneficiary
- written agreements or contracts showing mutual support obligations or joint ownership of assets
- copy of any declaration, affidavit or similar document filed with any other governmental entity

Terminating a domestic partnership

For UCRP survivor income

The member must submit to UC HR/Benefits either:

- a copy of filed California State *Notice of Termination of Domestic Partnership* (SEC/STATE LP/SF DP-2), or
- if not registered with the State, UC form UBEN 253 (*Termination of Domestic Partnership*)

The member is responsible for notifying the former partner about the termination. Please note that submitting a termination notice is important—if information on file has not been updated, UC HR/Benefits could pay survivor benefits to a former partner instead of other eligible recipients, such as the employee's child.

For health and welfare benefits

Within 31 days after a domestic partnership ends, the employee must complete and submit form UPAY 850 (*Enrollment, Change, Cancellation, or Opt Out*). (Check the appropriate box in Section 2 and enter the date the partnership ended.)

The employee is responsible for providing his/her same-sex domestic partner with a copy of the termination form (UPAY 850) and the date benefits end. (Coverage stops at the end of the month in which the domestic partnership ends.)

If covered under the medical, dental, and/or vision plan, a partner/partner's child/grandchild may be eligible to continue coverage under COBRA for up to 36 months. See the *Continuation of Group Insurance Coverage* notice.

Imputed income

(for health and welfare benefits)

The UC contribution for medical/dental coverage for a same-sex domestic partner (and a partner's child/grandchild) is considered to be income to the employee (imputed income) unless the employee qualifies for a waiver (see next section). Imputed income is subject to federal and California State income taxes, Social Security and Medicare taxes, and any other required payroll tax.

Waiver of imputed income

(for health and welfare benefits)

Federal and California State income taxes

Employees who claim a same-sex domestic partner (and/or the partner's child or grandchild) as a dependent for income tax purposes will not be subject to imputed income for federal and California State tax purposes.

To make the necessary adjustments for tax reporting, each November UC HR/Benefits will mail form UPAY 886 (*Declaration of Tax Dependency*) for employees to complete and submit to their local payroll office. After the form is submitted, payroll records are adjusted and:

- the taxable gross on the employee's Form W-2 for the year will not include any imputed income for medical/dental coverage and will be reduced for pretax TIP contributions as appropriate (see "Tax Savings on Insurance Premiums" on page 4)
- excess FICA contributions will reduce current FICA withholding
- excess income tax withheld is claimed when the employee files tax returns

Employees may be asked to submit proof of tax dependency.

California State income taxes only

Employees who have registered their same-sex domestic partnership with the State of California are not subject to imputed income for California income tax purposes whether or not the partner or partner's child/grandchild is their tax dependent. Imputed income for federal taxes will continue unless these family members are the employee's tax dependents. Also see the bullet on Tax Savings on Insurance Premiums (TIP) on page 4.

To stop State income tax withholding, employees must complete and submit form UPAY 850 (*Enrollment, Change, Cancellation or Opt Out*). (Check the appropriate box in Section 2 and enter the date of registration with the State.) Imputed income for California State taxes will stop on the first of the following month, subject to payroll deadlines.

Employees will not need to submit another UPAY 850 for California State tax purposes unless the domestic partnership ends.

Forms

Action	Form	Available
Document domestic partnership (UCRP)	SEC/STATE LP/SF DP-1 (<i>Declaration of Domestic Partnership</i>) (State form) or	<ul style="list-style-type: none"> • Online at www.ss.ca.gov/business/sf/sf_dp.htm
	UBEN 250 (<i>Declaration of Domestic Partnership</i>) (UC form)	<ul style="list-style-type: none"> • At the back of this booklet • Online at http://atyourservice.ucop.edu
Report termination of partnership (UCRP)	SEC/STATE LP/SF DP-2 (<i>Notice of Termination of Domestic Relationship</i>) (State form) or	<ul style="list-style-type: none"> • Online at www.ss.ca.gov/business/sf/sf_dp.htm
	UBEN 253 (<i>Termination of Domestic Partnership</i>) (UC form)	<ul style="list-style-type: none"> • At the back of this booklet • Online at http://atyourservice.ucop.edu
Enroll/cancel coverage in health and welfare plans	UPAY 850 (<i>Enrollment, Change, Cancellation, or Opt Out</i>)	<ul style="list-style-type: none"> • Online at http://atyourservice.ucop.edu • From person in department who handles benefits • From local Benefits Office • From the UC Customer Service Center
Designate beneficiary for <ul style="list-style-type: none"> • UCRP lump sum death payment • UCRP Capital Accumulation Provision (CAP) payment • 403(b) plan (UC-managed funds) • DC Plan Pretax and After-Tax Accounts (including Fidelity mutual funds) 	UBEN 114 (<i>Designation of Beneficiary</i>)	<ul style="list-style-type: none"> • Online at http://atyourservice.ucop.edu • From local Benefits Offices • From the UC Customer Service Center
Designate beneficiary for 403(b) Plan—Fidelity or Calvert mutual funds (The Fidelity and Calvert forms include beneficiary information.)	Fidelity's enrollment form (in Fidelity's enrollment kit) Calvert's account application (in Calvert's University of California kit)	<ul style="list-style-type: none"> • Online at wps.fidelity.com/nonprofits • Call Fidelity at 1-800-343-0860 • Online at www.calvertgroup.com • Call Calvert at 1-800-368-2745 • From local Benefits Offices • From the UC Customer Service Center
Designate beneficiary for UC-sponsored <ul style="list-style-type: none"> • Life insurance (Basic, Supplemental, Core) • Accidental Death and Dismemberment insurance (AD&D) 	UPAY 718 (<i>Designation of Beneficiary—Life and AD&D Insurance</i>)	<ul style="list-style-type: none"> • Online at http://atyourservice.ucop.edu • From local Benefits Offices • From the UC Customer Service Center

Leave Policies

Sick leave

Family illness

Employees may use a designated amount of accrued sick leave when required to be in attendance or to provide care because their opposite-sex or same-sex domestic partner or their partner's child is ill.

Bereavement

Employees may use accrued sick leave if their absence is required due to the death of their domestic partner or their partner's child.

For more details, see the applicable personnel policy or collective bargaining agreement (contract) under "Personnel Policies, Contracts, and Procedures" at <http://atyourservice.ucop.edu>

Family and medical leave (FMLA)

Effective January 1, 2003, the University expanded FMLA coverage to care for a domestic partner who is seriously ill to all non-exclusively represented staff employees. Similar changes have been proposed for academic personnel and employees covered by collective bargaining agreements.

For more information, see Staff Personnel Policy 43, "Leave of Absence," at <http://atyourservice.ucop.edu>

For More Information

About UCRP survivor benefits

About health and welfare benefits

- *Survivor Benefits for Domestic Partners*
- UCRP summary plan descriptions
- *Retirement Handbook*
- *UC Group Insurance Eligibility Factsheet*
- *Your Group Insurance Plans*
- *Continuation of Group Insurance Coverage*
- *Survivor and Beneficiary Handbook for Family Members and Beneficiaries of UC Employees*
- *Survivor and Beneficiary Handbook for Family Members and Beneficiaries of UC Annuitants*

All the publications listed at the left are available

- Online at <http://atyourservice.ucop.edu>
- From local Benefits Offices
- From the UC Customer Service Center

Employees should direct any questions to their local Benefits Office.

Annuitants should direct their questions to the UC Customer Service Center.

UC Customer Service Center

Call 1-800-888-8267 between 9:00 and 4:00 Pacific Time on weekdays.

DECLARATION OF DOMESTIC PARTNERSHIP
UNIVERSITY OF CALIFORNIA RETIREMENT PLAN
UBEN 250 (R8/02) University of California Human Resources and Benefits

Send completed form to:
UC HR/Benefits Records Management
P.O. Box 24570
Oakland, CA 94623-1570

UCRP MEMBERS: If you have not registered your domestic partnership with the State of California, this declaration is required to establish your partner's potential eligibility for monthly survivor benefits from the University of California Retirement Plan (UCRP). Please send the completed declaration and three (3) pieces of documentation (see #2 on the reverse) to the address shown above.

We, the undersigned, declare that we are domestic partners in accordance with the following criteria:

- We are each other's sole domestic partner in a long-term, committed relationship and intend to remain so indefinitely.
- Neither of us is legally married.
- We are not related by blood to a degree that would prohibit legal marriage in the State of California.
- We are both at least 18 years old and capable of consenting to the relationship.
- We are financially interdependent.
- We live together and intend to do so indefinitely.

In most cases, for a domestic partner to be eligible for preretirement survivor income or for the postretirement survivor continuance from UCRP, the partnership must have existed, uninterrupted, for the 12-month period preceding the member's retirement or death, and, in the case of retirement, continuously to the member's death.

A domestic partner will not be eligible for any UCRP survivor benefits unless one of the following requirements is satisfied: (i) the partnership is registered with the State of California, or (ii) this Declaration and supporting documentation is on file with the University. Registering your partnership with the State of California or filing this Declaration with UCRP may affect UCRP survivor benefits for your eligible children. The UCRP Plan Document and Regulations govern eligibility for UCRP benefits.

Please see #1 on the reverse for information about **termination** of a domestic partnership.

REQUIRED SIGNATURES (Both parties must print and sign their names below.)

Under penalty of perjury, we declare that the representations herein are true and correct and contain no material omissions of fact to the best of our knowledge and belief. We further declare that we have read, understand, and agree to the additional terms and conditions on the reverse of this form.

EMPLOYEE/UCRP MEMBER

NAME (Last, First, Middle Initial) (please print)	Social Security Number
Signature	Date

DOMESTIC PARTNER

NAME (Last, First, Middle Initial) (please print)	Social Security Number
Signature	Date

RETN: Pending

Please photocopy this form for your records.

SEE REVERSE FOR PRIVACY NOTIFICATIONS

ADDITIONAL TERMS AND CONDITIONS

1. If a domestic partnership ends, the UCRP member must, within 31 days after the date the partnership ends, complete and submit form UBEN 253 (Termination of Domestic Partnership). Filing this form will terminate eligibility for UCRP survivor benefits for the previously named domestic partner.

The member must provide the former domestic partner with a copy of the termination form.

2. For UCRP members filing this declaration, the University of California requires proof that a domestic partnership meets joint residency and financial interdependence requirements. The member agrees to submit documentation supporting the domestic partnership when filing this declaration. Acceptable documentation includes any three of the following:
 - copy of any declaration, affidavit, or similar document filed with any other governmental entity
 - joint mortgage or joint tenancy on a residential lease
 - joint bank account
 - joint liabilities (e.g., a credit card or car loan)
 - joint ownership of significant property (e.g., a car)
 - power of attorney for durable property or health care
 - wills, life insurance policies or retirement annuities naming each other as primary beneficiary
 - written agreement or contract showing mutual support obligations or joint ownership of assets acquired during the relationship
3. The University will use this declaration for the sole purpose of determining eligibility for UCRP survivor benefits for a domestic partner. It is not intended to establish any contractual rights or obligations between the UCRP member and his/her domestic partner.

PRIVACY NOTIFICATIONS

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting the information on this form is for payment of earnings and for miscellaneous payroll and personnel matters such as, but not limited to, withholding taxes, benefits administration, and changes in title and pay status. University policy and state and federal statutes authorize the maintenance of this information. (B)

Furnishing all information requested on this form is mandatory—failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for payroll and personnel administration, and will be transmitted to the federal and state governments as required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Associate Vice President—University of California Human Resources and Benefits, 300 Lakeside Drive, Oakland, CA 94612-3550.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. Disclosure of the Social Security number is required pursuant to sections 6011 and 6051 of Subtitle F of the Internal Revenue Code and with Regulation 4, Section 404.1256, Code of Federal Regulations under Section 218, Title II of the Social Security Act, as amended. The Social Security number is used to verify your identity. The principal uses of the number shall be to report (1) state and federal income taxes withheld, (2) Social Security contributions, (3) state unemployment and Workers' Compensation earnings, and (4) earnings and contributions to participating retirement systems. (BB)

TERMINATION OF DOMESTIC PARTNERSHIP
UNIVERSITY OF CALIFORNIA RETIREMENT PLAN
UBEN 253 (R4/03) University of California Human Resources and Benefits

Send completed form to:
UC HR/Benefits Records Management
P.O. Box 24570
Oakland, CA 94623-1570

EMPLOYEES/ANNUITANTS: Use this form to notify UCRP that your domestic partnership has ended.

UCRP SURVIVOR BENEFITS

If you registered your partnership with the State of California and submitted a copy of the State form for UCRP benefit purposes, you **must** submit a copy of the State Notice of Termination of Domestic Partnership (SEC/STATE LP/SF DP-2). In this situation, this form (UBEN 253) will not be accepted as proof that your partnership has terminated.

It is your responsibility to provide your former domestic partner with a copy of this termination form and the date benefits end. Eligibility for UCRP monthly survivor benefits stops on the date the domestic partnership ends.)

Before you retire, you may submit a new declaration of domestic partnership any time you enter into another partnership. Keep in mind, however, that other eligibility requirements still must be met—for example, the new partnership must exist for at least 12 months before certain survivor benefits can be paid.

OTHER BENEFITS

Submitting this termination form will not change any beneficiary designations you may have made for other University benefits—for example, the UCRP death benefit, 403(b) or DC plan accumulations, or life or AD&D insurance. If you want to name new beneficiaries for these plans, you must submit new beneficiary forms.

Also, submitting this termination form will not cancel insurance coverage for a former partner and/or the partner's child/grandchild. To do so, you must do as follows within 31 days of the terminating event:

- **EMPLOYEES:** Complete and submit form UPAY 850 (Enrollment, Change, Cancellation, or Opt Out) to your local Benefits or Payroll Office in accordance with local procedures.
- **ANNUITANTS:** Complete and submit form UBEN 100 (Continuation, Enrollment, or Change) to the address shown on the form.

I, the undersigned, declare that my former partner _____
Last name First MI

and I are no longer domestic partners. Our partnership ended on _____
Date

EMPLOYEE/ANNUITANT (Print and sign your name below)	
NAME (Last, First, Middle Initial) (please print)	Social Security Number
Signature	Date

RETN: Pending

Please photocopy this form for your records.

PRIVACY NOTIFICATIONS

STATE

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The principal purpose for requesting the information on this form is for payment of earnings and for miscellaneous payroll and personnel matters such as, but not limited to, withholding taxes, benefits administration, and changes in title and pay status. University policy and state and federal statutes authorize the maintenance of this information. (B)

Furnishing all information requested on this form is mandatory—failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for payroll and personnel administration, and will be transmitted to the federal and state governments as required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

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By authority of The Regents, University of California Human Resources and Benefits, located in Oakland, administers all benefit plans in accordance with applicable plan documents and regulations, custodial agreements, University of California Group Insurance Regulations, group insurance contracts, and state and federal laws. No person is authorized to provide benefits information not contained in these source documents, and information not contained in these source documents cannot be relied upon as having been authorized by The Regents. Source documents are available for inspection upon request (1-800-888-8267). What is written here does not constitute a guarantee of plan coverage or benefits—particular rules and eligibility requirements must be met before benefits can be received. The University of California intends to continue the benefits described here indefinitely; however, the benefits of all employees, annuitants, and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the University or other governing authorities. The University also reserves the right to determine new premiums, employer contributions and monthly costs at any time. Health and welfare benefits are not accrued or vested benefit entitlements. UC's contribution toward the monthly cost of the coverage is determined by UC and may change or stop altogether, and may be affected by the state of California's annual budget appropriation. If you belong to an exclusively represented bargaining unit, some of your benefits may differ from the ones described here. Contact your Human Resources Office for more information.

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provides for continued coverage for a certain period of time at applicable monthly COBRA rates if you, your spouse, or your dependents lose group medical, dental, or vision coverage because you terminate employment (for reasons other than gross misconduct); your work hours are reduced below the eligible status for these benefits; you die, divorce, or are legally separated; or a child ceases to be an eligible dependent. Note: The continuation period is calculated from the earliest of these qualifying events and runs concurrently with any other UC options for continued coverage. See your Benefits Representative for more information.

In conformance with applicable law and University policy, the University is an affirmative action/equal opportunity employer. Please send inquiries regarding the University's affirmative action and equal opportunity policies for staff to Director Mattie Williams, University of California Office of the President, 300 Lakeside Drive, Oakland, CA 94612 and for faculty to Executive Director Sheila O'Rourke, University of California Office of the President, 1111 Franklin Street, Oakland, CA 94607.

Website address: <http://atyourservice.ucop.edu>



University of California
Human Resources and Benefits
300 Lakeside Drive, 5th Floor
Oakland, California 94612-3557

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