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)

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



| Step | Action |
| :---: | :--- |
| 2. | Click in the Event Date field. <br>  <br>  <br> 3. <br> 4.Enter the desired information into the Event Date field. For this example, <br> enter "09/25/2021". |
|  | Click the button to the right of the Reason For Request field. |



| Step | Action |
| :---: | :--- |
| 5. | Click the Reason For Request list item. <br> Qualifying Life Event |
| 6. | Click the button to the right of the Life Event Reason field. <br> $\checkmark$ |



| Step | Action |
| :---: | :--- |
| 7. | Click the Birth / Adoption list item. <br> Birth / Adoption |



| Step | Action |
| :---: | :--- |
| 8. | Click the scrollbar. |



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| 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 <br> for the Qualifying Life Event. Enter comments in the Reason For Late <br> Enrollment Request text box below. Supporting document(s) can be attached at <br> 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 <br> the birth certificate to attach.". |
| 13. | Click the scrollbar. |



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Human Resources Late Enrollment

| Step | Action |
| :---: | :--- |
| 14. | If a late enrollment request is denied you may choose to decline medical coverage <br> or enroll in a medical plan after a 90-day waiting period. |
| 15. | Click the button to the right of the Select Response field. <br> $\vee$ |



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



| Step | Action |
| :---: | :--- |
| 19. | The Dependents page appears. Review dependent information and add new <br> 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. <br> 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". |
| 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. <br> $\quad$MM/DD/YYYY <br> 30. |
| 31. | Enter the desired information into the Birth Date field. Enter "09/25/2021". |



| Step | Action |
| :---: | :--- |
| 32. | Click the button to the right of the Gender field. |
|  | $\checkmark$ |



| Step | Action |
| :---: | :--- |
| 33. | Click the Gender list item. <br> Female |
| 34. | Click the button to the right of the Relationship Code field. <br> $\smile$ |



| Step | Action |
| :---: | :--- |
| 35. | Click in the Child (Biological or Adopted) field. <br> Child (Biological or Adopted) |
| 36. | Click the button to the right of the Employee Tax Dependent? field. <br> $\checkmark$ |



| Step | Action |
| :---: | :--- |
| 37. | Click the Yes list item. <br> Yes |
| 38. | Click the scrollbar. |



| Step | Action |
| :---: | :--- |
| 39. | Click the button to the right of the Spouse/Dom Partner Tax Dependent? field. |
|  | $\checkmark$ |



| Step | Action |
| :---: | :--- |
| 40. | Click the No list item. <br> No |
| 41. | Click in the Social Security Number field. <br> $\square$ |
| 42. | Enter the desired information into the Social Security Number field. <br> Enter "989554321". |



| Step | Action |
| :---: | :--- |
| 43. | Click the Next button. <br> Next |



| Step | Action |
| :---: | :--- |
| 44. | The Medical Plan enrollment page appears. You have the option to change plans at <br> the time of a Life Event. Click the Quick Reference Guide to UC's Medical <br> Plans link to UCnet for medical plan information. |
| 45. | Your current benefits enrollments default to the form. For this example, accept the <br> 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. <br> For example, click the blue plan names on this page to access details for each plan. |  |
| 48. | Click the scrollbar. |



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



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| Step | Action |
| :---: | :--- |
| 52. | Dependents must be enrolled individually for each plan. |
| 53. | Click the button to the right of the Medical field. |
|  | $\checkmark$ |



| Step | Action |
| :---: | :--- |
| 54. | Click the Enroll list item. <br> Enroll |



| Step | Action |
| :---: | :--- |
| 55. | Click the Next button. <br> Next |


| Abigail Lacayo |  | + Add Enrollment Changes: Flexible Spending Accounts (FSA) |  |  | Form ID: 72156 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Primary Titte: TRAINER 3 |  | ( Highlights Enabled |  |  |  |  |
| Employee ID <br> 1000315 |  |  |  |  | Original Vercsion | Current Version |
| 03/14/1996 |  | Flexible Spending Accounts (FSA) |  |  |  |  |
| Dashboard |  | The Health FSA allows you to pay for eligible medical expenses for you and your eligible family members. |  |  |  |  |
| Worklist | > | For further information regarding the Healt Flexible |  |  |  |  |
| Bookmarks |  | For further information regarding the Health Flexible Spending account, minimum and maximum contribution imits, and/or eligible expenses, visit the Flexible Spending Accounts page. |  |  |  |  |
| Employee Actions |  |  |  |  |  |  |
| Manager Actions |  |  |  |  |  |  |
| Performance Workcenter |  | The effective date for enrollment is the first of the month following your enrollment, subject to payroll deadlines. |  |  |  |  |
| Recruiting Workcenter |  | Health FSA Plan* |  | Annual Health Contribution Amount * |  |  |
| Forms Library | > |  | Enroll in Health FSA v | \$550.00 |  |  |
| Quicklinks | > |  |  |  |  |  |
| Help / FAQ | > |  | The DepCare FSA allows you to pay for eligible expenses for the care of your child (up to age 13) or eligible adult |  |  |  |
| - Edit profle |  |  | dependent (for example, day care or after school care. Medical costs are managed through the Health FSA, not the |  |  |  |
| C) Log out |  |  | DepCare FSA) |  |  |  |


| 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. |  |



| Step | Action |
| :---: | :--- |
| 58. | For this example, change the Dependent Care FSA Plan enrollment from Waive <br> to Enroll and add a contribution amount. |
| 59. | Click the button to the right of the Dependent Care FSA Plan field. <br>  <br> $\smile$ |



| Step | Action |
| :---: | :--- |
| 60. | Click the Enroll Dependent Care FSA list item. <br> Enroll Dependent Care FSA |
| 61. | Click in the Annual Dep Care Contribution Amount field. <br> $\$$ <br> 62.Enter the desired information into the Annual Dep Care Contribution <br> Amount field. For this example, enter "500.00". |



| Step | Action |
| :---: | :--- |
| 63. | Click the Next button. <br> Next |



| Step | Action |
| :---: | :--- |
| 64. | The Dental Plan page appears. For this example, accept the defaulted benefit <br> selection. |
| 65. | Click the scrollbar. |



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| Step | Action |
| :---: | :--- |
| 66. | Remember to enroll dependents for coverage in each plan as needed. |
|  | Click the button to the right of the Dental field. |
|  | $\checkmark$ |



| Step | Action |
| :---: | :--- |
| 67. | Click the Enroll list item. <br> Enroll |



| Step | Action |
| :---: | :--- |
| 68. | Click the Next button. <br> Next |



| Step | Action |
| :---: | :--- |
| 69. | The Vision Plan page appears. For this example, accept the defaulted benefit <br> selection. |
| 70. | Click the scrollbar. |



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| Step | Action |
| :---: | :--- |
| 71. | Click the button to the right of the Vision field. |
|  | $\checkmark$ |



| Step | Action |
| :---: | :--- |
| 72. | Click the Enroll list item. <br> Enroll |
| 73. | Click the Next button. <br> Next |



| Step | Action |
| :---: | :--- |
| 74. | The Legal Plan page appears. For this example, accept the defaulted benefit <br> selection. |
| 75. | Click the scrollbar. |



| Step | Action |
| :---: | :--- |
| 76. | Click the button to the right of the Legal field. |
|  | $\checkmark$ |



| Step | Action |
| :---: | :--- |
| 77. | Click the Waive list item. <br> Waive |
| 78. | Click the Next button. <br> Next |



| Step | Action |
| :---: | :--- |
| 79. | The Accidental Death \& Dismemberment (AD\&D) page appears. <br> For this example, increase the defaulted AD\&D Amount. |
| 80. | Click the button to the right of the AD\&D Amount field. <br> $\smile$ |



| Step | Action |
| :---: | :--- |
| 81. | For this example, increase the AD\&D Amount to $\$ 300,000$. |
|  | Click the 15. $\mathbf{\$ 3 0 0 , 0 0 0}$ list item. |
| 82. | Click the scrollbar. |



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| Step | Action |
| :---: | :--- |
| 83. | Click the button to the right of the AD\&D field. |
|  | $\checkmark$ |



| Step | Action |
| :---: | :--- |
| 84. | Click the Waive list item. <br> Waive |
| 85. | Click the Next button. <br> Next |



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| Step | Action |
| :---: | :--- |
| 86. | The Supplemental Life Insurance page appears. For this example, accept the <br> defaulted benefit selection. |
| 87. | Click the Next button. <br> Next |



| Step | Action |
| :---: | :--- |
| 88. | The Dependent Life Insurance page appears. For this example, accept the <br> defaulted benefit selection. |



| Step | Action |
| :---: | :--- |
| 89. | Click the scrollbar. |



| Step | Action |
| :---: | :--- |
| 90. | Click the button to the right of the Dependent Life field. |
|  | $\checkmark$ |



| Step | Action |
| :---: | :--- |
| 91. | Click the Waive list item. <br> Waive |


| Step | Action |
| :---: | :--- |
| 92. | Click the Next button. <br> Next |



| Step | Action |
| :---: | :--- |
| 93. | The Voluntary Disability Insurance page appears. For this example, accept the <br> defaulted benefit selections for Short Term Disability (VSTD) and Long Term <br> Disability (VLTD). |
| 94. | Click the Next button. <br> Next |



| Step | Action |
| :---: | :--- |
| 95. | Read all of the Participation Terms and Conditions sections as you scroll down <br> this page. <br> Note: This simulation does not show all of the page content and skips to the next <br> action item. |
| 96. | Click the scrollbar. |



| 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. |
|  | $\checkmark$ |



| Step | Action |
| :---: | :--- |
| 100. | Click the Yes list item. <br> Yes |



| 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 <br> and Conditions field. |
|  | $\checkmark$ |



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



| Step | Action |
| :---: | :--- |
| 106. | Click the Upload File button. |
|  | Upload File |



| Step | Action |
| :---: | :--- |
| 107. | Double-click the TEST_BirthCertificate file link. <br> TEST_BirthCertificate.pdf |
| 108. | Click the Open button. <br> Open |



| Step | Action |
| :---: | :--- |
| 109. | Click the Upload object. <br> Upload |
|  |  |



| Step | Action |
| :---: | :--- |
| 110. | Click the button to the right of the Description field. |
|  | $\smile$ |



| Step | Action |
| :---: | :--- |
| 111. | Click the Supporting Documentation list item. <br> Supporting Documentation |
| 112. | Click the scrollbar. |



| Step | Action |
| :---: | :--- |
| 113. | Use the Add button to create new rows to upload additional files if needed. |
| 114. | Click the scrollbar. |
|  |  |
|  | - |



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| Step | Action |
| :---: | :--- |
| 115. | Click the Acknowledgement button. |
| 116. | Click the button to the right of the Comments field to open the comments text box. <br> $>$ |



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



| Step | Action |
| :---: | :--- |
| 119. | The Action Item Log provides a Time Stamp confirmation. |
| 120. | Use the Print button to create a PDF of the submitted form to keep for your <br> records. |
| You have completed a Benefits eForm for a Life Event submitted as a Late <br> Enrollment. <br> End of Procedure. |  |

