

Use this Benefits eForm to enroll in benefits as a Newly Eligible UC employee. This example demonstrates enrolling in benefits as a New Hire. Newly Eligible also applies to Inter-Campus Transfers, Job/Work Hours Changes and Rehires.

Menu Navigation:


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

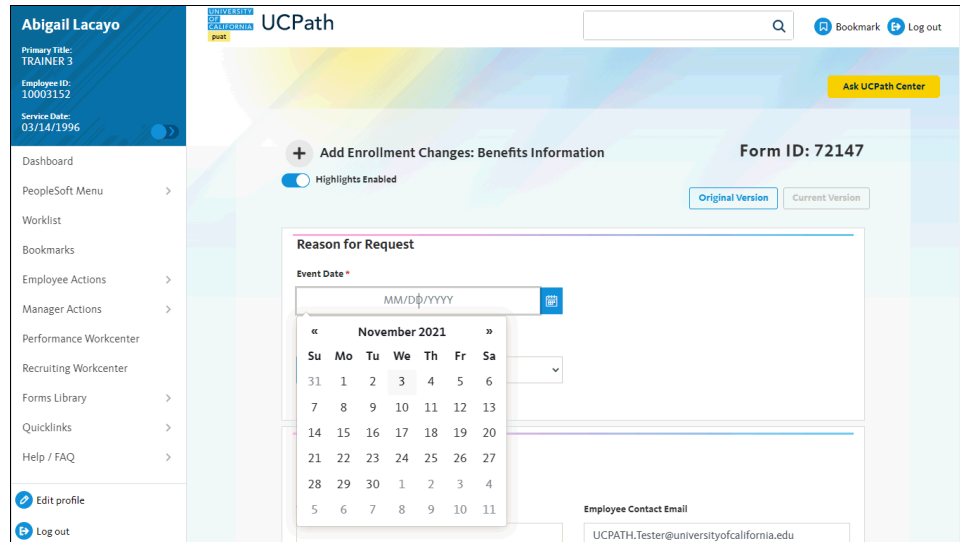
Detailed information and guides for UC Benefits Plans is available on UCnet:
<https://ucnet.universityofcalifornia.edu/compensation-and-benefits/index.html>

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.

The screenshot displays the UCPath web application interface. On the left, a sidebar menu for user 'Abigail Lacayo' (Primary Title: TRAINER 3, Employee ID: 10003152, Service Date: 03/14/1996) lists various navigation options. The main content area shows the 'Add Enrollment Changes: Benefits Information' form (Form ID: 72147). The form has a 'Highlights Enabled' toggle and buttons for 'Original Version' and 'Current Version'. It contains two main sections: 'Reason for Request' with an 'Event Date' field and a 'Reason For Request' dropdown, and 'Employee Contact Information' with fields for 'Telephone' and 'Employee Contact Email' (pre-filled with 'UCPATH.Tester@universityofcalifornia.edu').

UCPath Task:
Benefits eForms: Submit Form for Newly
Eligible-New Hire

Step	Action
1.	<p>For new hires and other newly eligible employees, the Event Date is your first date of employment.</p> <p>Click the button to the right of the Event Date field.</p> 



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

UCPath

Search

Bookmark Log out

Ask UCPath Center

+ Add Enrollment Changes: Benefits Information

Highlights Enabled

Original Version Current Version

Form ID: 72147

Reason for Request

Event Date *



MM/DD/YYYY

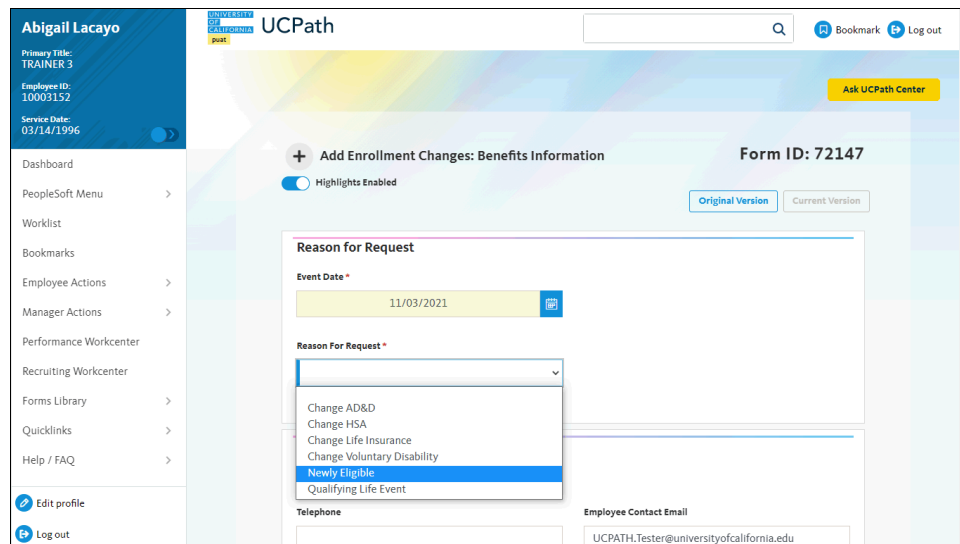
« November 2021 »

Su	Mo	Tu	We	Th	Fr	Sa
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4
5	6	7	8	9	10	11

Employee Contact Email


UCPATH.Tester@universityofcalifornia.edu

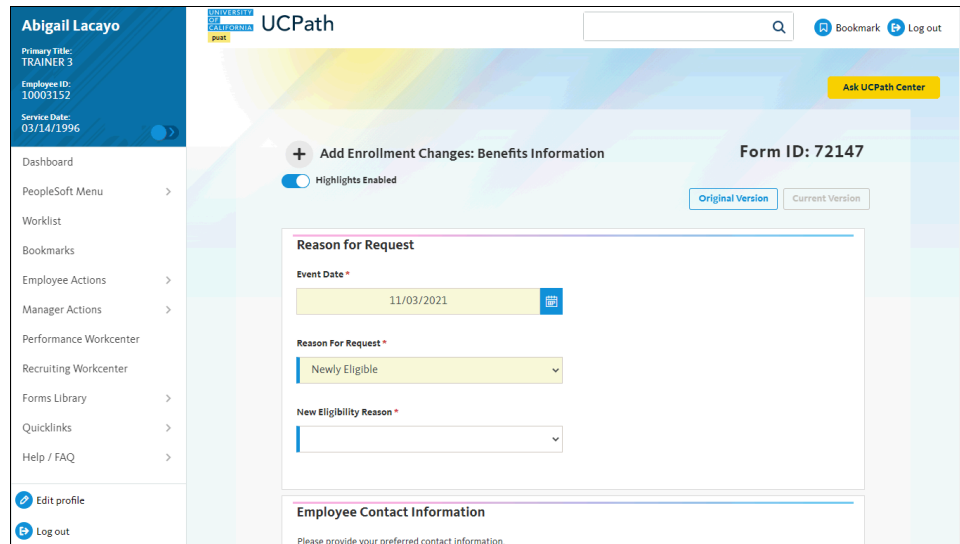
Step	Action
2.	For this example, the event date is 11/03/2021. Click the 3 link. 
3.	Click the button to the right of the Reason For Request field. 




The screenshot shows the UCPath web application interface. On the left is a sidebar for user Abigail Lacayo (Primary Title: TRAINER 3, Employee ID: 10003152, Service Date: 03/14/1996) with navigation links like Dashboard, PeopleSoft Menu, Worklist, etc. The main content area is titled 'Add Enrollment Changes: Benefits Information' with 'Form ID: 72147'. It features a 'Reason for Request' section with an 'Event Date' field set to 11/03/2021. A dropdown menu is open next to the 'Reason for Request' field, showing options: Change AD&D, Change HSA, Change Life Insurance, Change Voluntary Disability, **Newly Eligible** (highlighted), and Qualifying Life Event. Below this are fields for 'Telephone' and 'Employee Contact Email' (UCPATH.Tester@universityofcalifornia.edu).

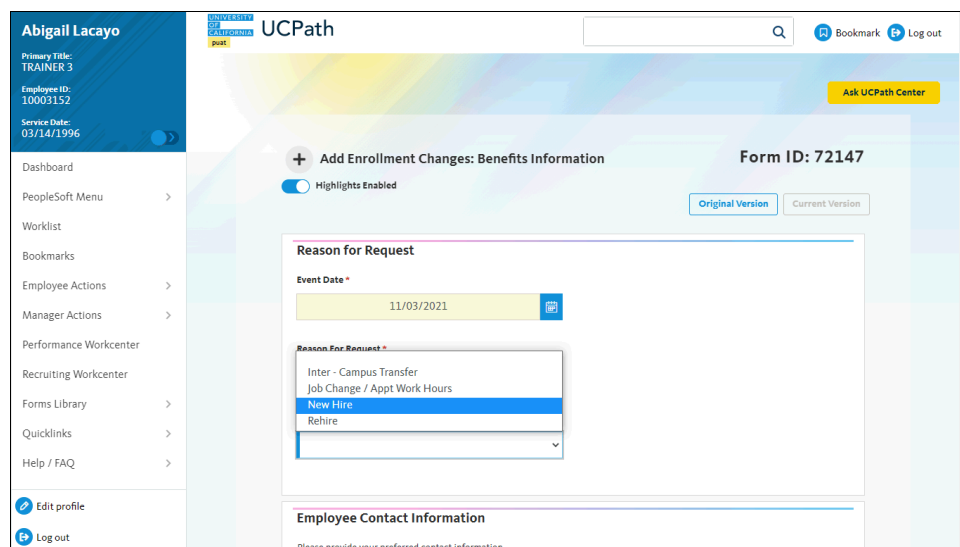
UCPath Task:
Benefits eForms: Submit Form for Newly
Eligible-New Hire

Step	Action
4.	Click the Newly Eligible list item. 




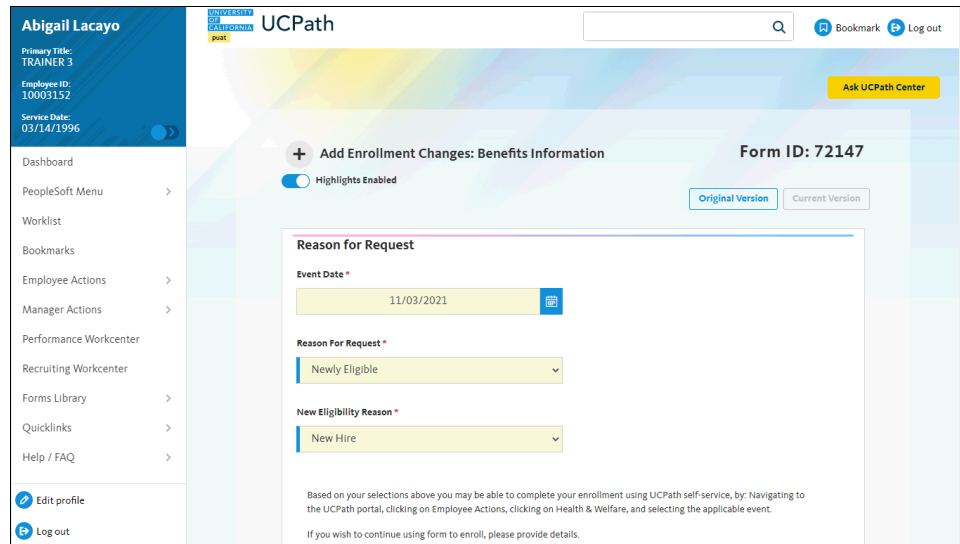
The screenshot shows the UCPath interface for user Abigail Lacayo. The main form is titled 'Add Enrollment Changes: Benefits Information' with Form ID: 72147. Under the 'Reason for Request' section, the 'Event Date' is set to 11/03/2021. The 'Reason For Request' dropdown is set to 'Newly Eligible'. Below it, the 'New Eligibility Reason' dropdown is currently empty. The 'Employee Contact Information' section is visible at the bottom with the instruction 'Please provide your preferred contact information.'

Step	Action
5.	Click the button to the right of the New Eligibility Reason field. 



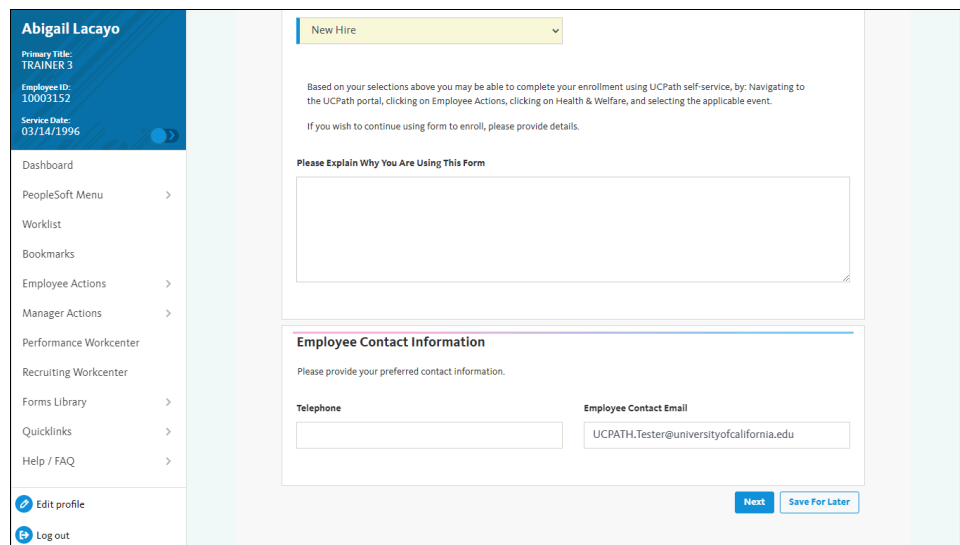
This screenshot shows the same UCPath form as before, but with the 'New Eligibility Reason' dropdown menu open. The menu lists four options: 'Inter - Campus Transfer', 'Job Change / Appt Work Hours', 'New Hire' (which is highlighted in blue), and 'Rehire'. The rest of the form, including the 'Event Date' and 'Employee Contact Information' section, remains the same.

Step	Action
6.	Click the New Hire list item. 



The screenshot shows the UCPath interface for Abigail Lacayo. The left sidebar contains navigation links: Dashboard, PeopleSoft Menu, Worklist, Bookmarks, Employee Actions, Manager Actions, Performance Workcenter, Recruiting Workcenter, Forms Library, Quicklinks, and Help / FAQ. The main content area is titled 'Add Enrollment Changes: Benefits Information' with 'Form ID: 72147'. It includes a 'Highlights Enabled' toggle and buttons for 'Original Version' and 'Current Version'. The 'Reason for Request' section has a date field set to 11/03/2021, a 'Reason For Request' dropdown set to 'Newly Eligible', and a 'New Eligibility Reason' dropdown set to 'New Hire'. A note at the bottom states: 'Based on your selections above you may be able to complete your enrollment using UCPath self-service, by: Navigating to the UCPath portal, clicking on Employee Actions, clicking on Health & Welfare, and selecting the applicable event. If you wish to continue using form to enroll, please provide details.'

Step	Action
7.	Click the scrollbar.




The screenshot shows the UCPath interface after scrolling down. The 'New Hire' dropdown is visible at the top. The 'Please Explain Why You Are Using This Form' section contains a large text area. Below it, the 'Employee Contact Information' section is visible, with fields for 'Telephone' and 'Employee Contact Email' (pre-filled with UCPATH.Tester@universityofcalifornia.edu). 'Next' and 'Save For Later' buttons are at the bottom right.

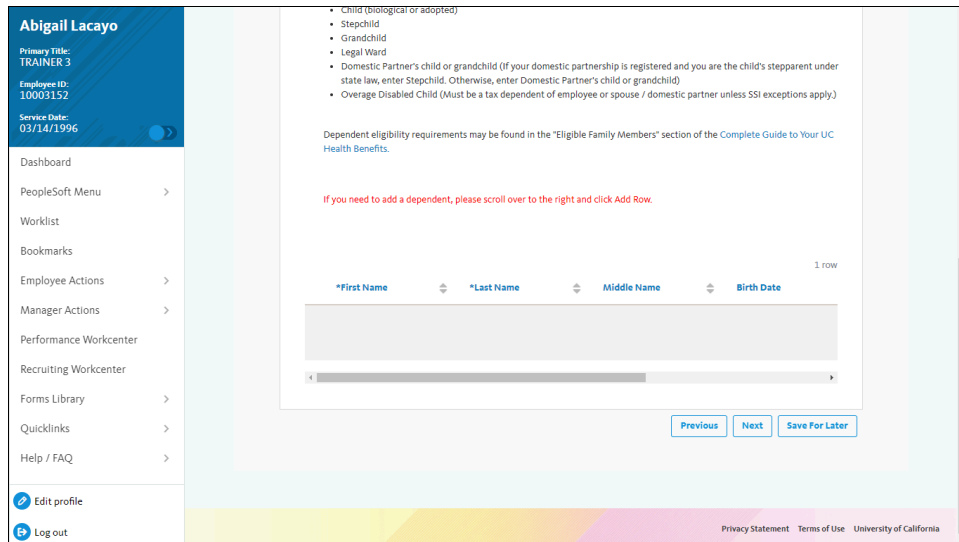
Step	Action
8.	Use this text box to let UCPath Production know the reason for using the Benefits eForm instead of the Health & Welfare options on the UCPath Self Service Dashboard.
9.	Click in the Please Explain Why You Are Using This Form field.

UCPath Task:
Benefits eForms: Submit Form for Newly
Eligible-New Hire

Step	Action
10.	Enter the desired information into the Please Explain Why You Are Using This Form field. This is an optional field. For this example, enter " I do not have an open event ".
11.	Enter your preferred contact information if needed.

Step	Action
12.	The Save For Later button is available on every page of the eForm.
13.	Click the Next button. 

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



Abigail Lacayo
Primary Title: TRAINER 3
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

Child (biological or adopted)
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.

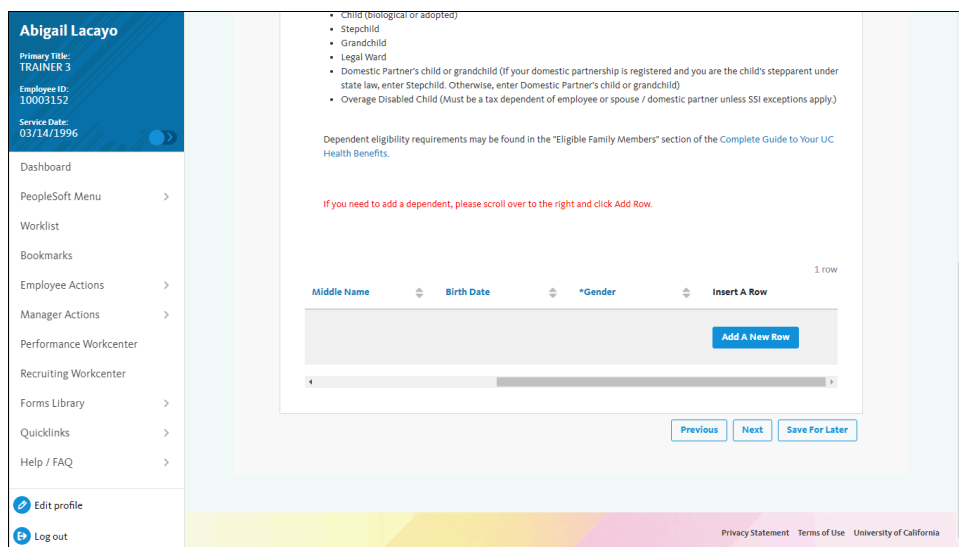
1 row

*First Name *Last Name Middle Name Birth Date

Previous Next Save For Later

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Step	Action
16.	Click the scrollbar.



Abigail Lacayo
Primary Title: TRAINER 3
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

Child (biological or adopted)
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.

1 row

Middle Name Birth Date *Gender Insert A Row

Add A New Row

Previous Next Save For Later




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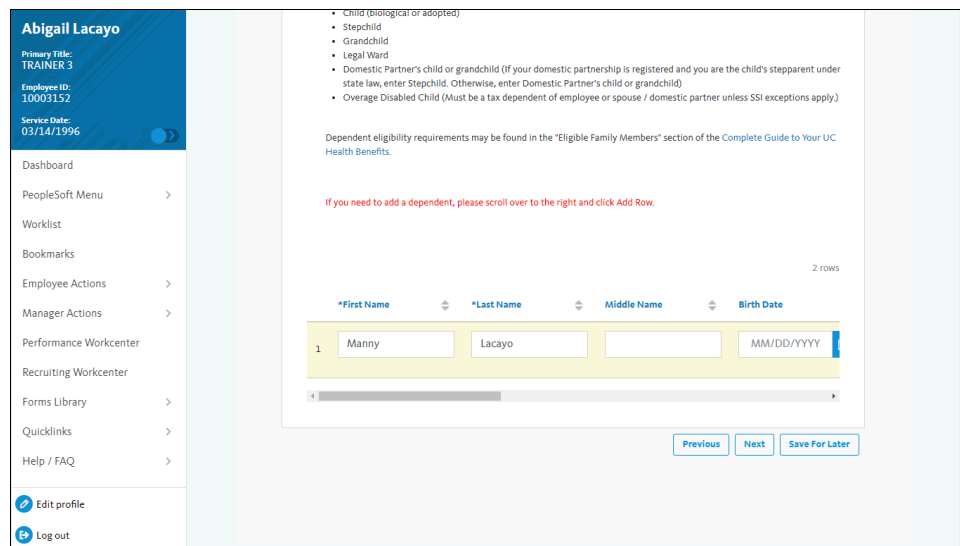
UCPath Task:
Benefits eForms: Submit Form for Newly
Eligible-New Hire

Step	Action
17.	Click the Add A New Row button.

Add A New Row

The screenshot displays the UCPath interface for Abigail Lacayo, Primary Title: TRAINER 3, Employee ID: 10003152, Service Date: 03/14/1996. The left sidebar contains navigation links: Dashboard, PeopleSoft Menu, Worklist, Bookmarks, Employee Actions, Manager Actions, Performance Workcenter, Recruiting Workcenter, Forms Library, Quicklinks, Help / FAQ, Edit profile, and Log out. The main content area shows a list of dependent eligibility requirements: Child (biological or adopted), Stepchild, Grandchild, Legal Ward, Domestic Partner's child or grandchild, and Overage Disabled Child. Below this, a message states: 'If you need to add a dependent, please scroll over to the right and click Add Row.' A table with 2 rows is visible, with columns for First Name, Last Name, Middle Name, and Birth Date. The 'Add A New Row' button is highlighted in blue at the bottom right of the table.

Step	Action
18.	Click in the First Name field. 
19.	Enter the desired information into the First Name field. Enter " Manny ".
20.	Click in the Last Name field. 
21.	Enter the desired information into the First Name field. Enter " Lacayo ".
22.	The Middle Name field is optional.
23.	Click in the Birth Date field. 



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

Dashboard
PeopleSoft Menu >
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Recruiting Workcenter
Forms Library >
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Edit profile
Log out

- Child (biological or adopted)
- 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.

2 rows

	*First Name	*Last Name	Middle Name	Birth Date
1	Manny	Lacayo		MM/DD/YYYY

Previous Next Save For Later

UCPath Task:
Benefits eForms: Submit Form for Newly
Eligible-New Hire

Step	Action
24.	Enter the desired information into the Birth Date field. Enter " 09/14/1975 ".

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

Dashboard
 PeopleSoft Menu
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Child (biological or adopted)
 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.

2 rows

	*First Name	*Last Name	Middle Name	Birth Date
1	Manny	Lacayo		09/14/1975

Previous Next Save For Later

Step	Action
25.	Click the scrollbar.

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

Dashboard
 PeopleSoft Menu
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 Employee Actions
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 Recruiting Workcenter
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Child (biological or adopted)
 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.

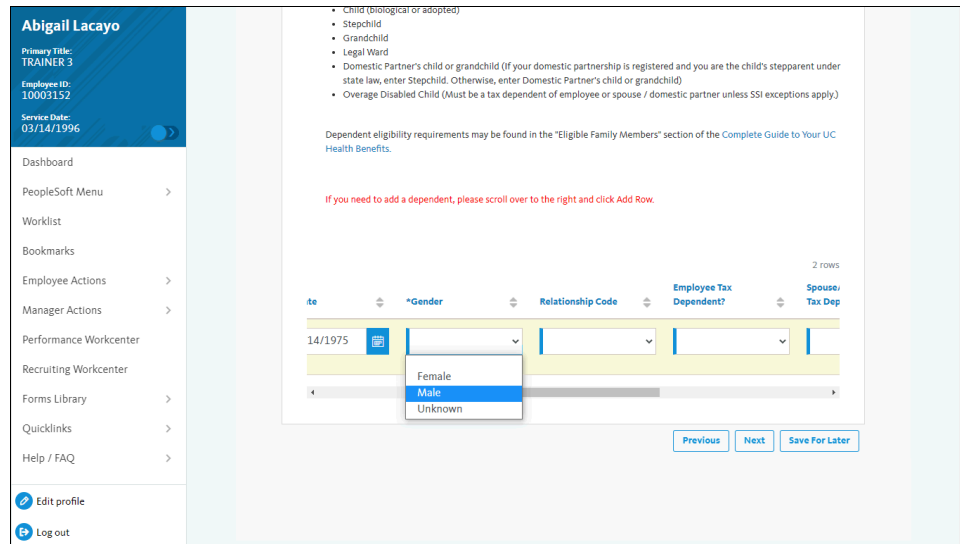
If you need to add a dependent, please scroll over to the right and click Add Row.

2 rows

	*First Name	*Last Name	Middle Name	Birth Date	Spouse/ Tax Dep
1	Manny	Lacayo		09/14/1975	

Previous Next Save For Later

Step	Action
26.	Click the button to the right of the Gender field. 



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

Dashboard
PeopleSoft Menu >
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Manager Actions >
Performance Workcenter
Recruiting Workcenter
Forms Library >
Quicklinks >
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Log out


Child (biological or adopted)
• 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)

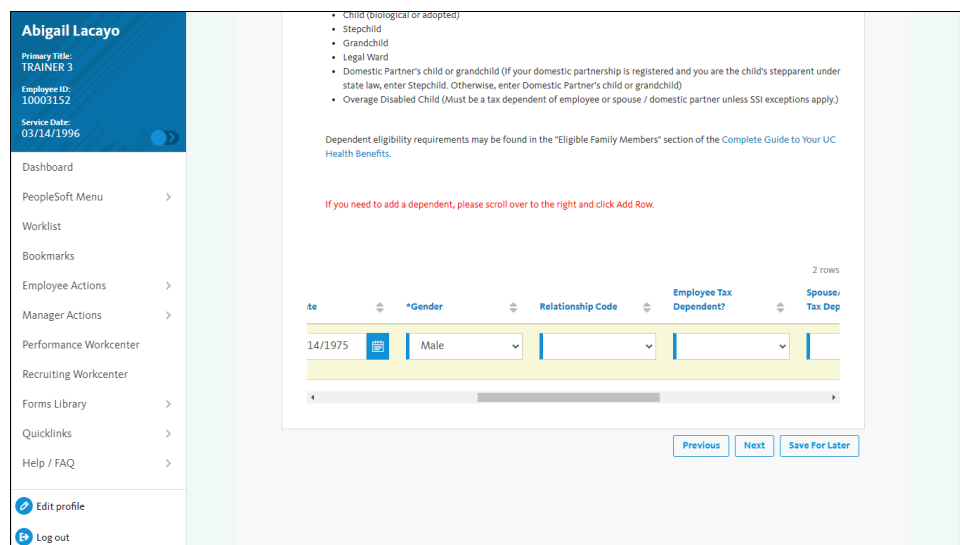
Dependent eligibility requirements may be found in the "Eligible Family Members" section of the [Complete Guide to Your UC Health Benefits](#).

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

ite	*Gender	Relationship Code	Employee Tax Dependent?	Spouse/ Tax Dep
14/1975	Female			

Previous Next Save For Later

Step	Action
27.	Click the Male list item. 



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

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Performance Workcenter
Recruiting Workcenter
Forms Library >
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Child (biological or adopted)
• 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](#).

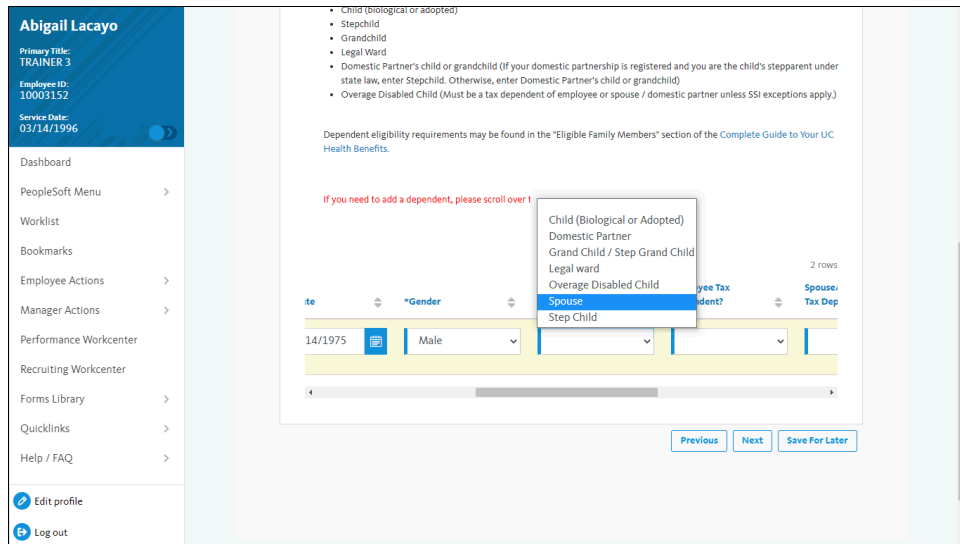
If you need to add a dependent, please scroll over to the right and click Add Row.

ite	*Gender	Relationship Code	Employee Tax Dependent?	Spouse/ Tax Dep
14/1975	Male			

Previous Next Save For Later

UCPath Task:
Benefits eForms: Submit Form for Newly
Eligible-New Hire

Step	Action
28.	Click the button to the right of the Relationship Code field. 



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

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Child (biological or adopted)
 • 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](#).

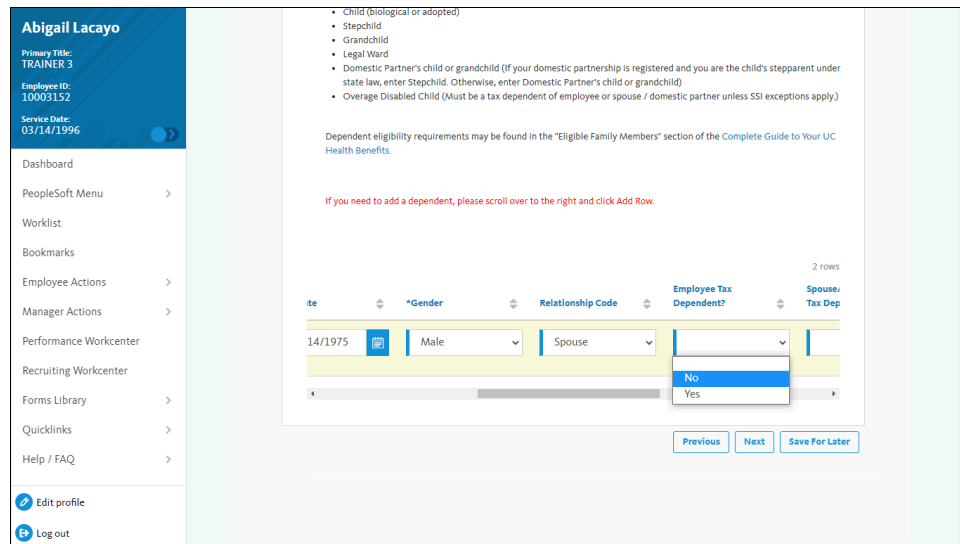
If you need to add a dependent, please scroll over to

Relationship Code
 Child (Biological or Adopted)
 Domestic Partner
 Grand Child / Step Grand Child
 Legal ward
 Overage Disabled Child
 Spouse
 Step Child

14/1975 Male
 Employee Tax
 Spouse/
 Tax Dep

Previous Next Save For Later

Step	Action
29.	Click the Spouse list item. 
30.	Click the button to the right of the Employee Tax Dependent? field. 



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

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- Child (biological or adopted)
- 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)

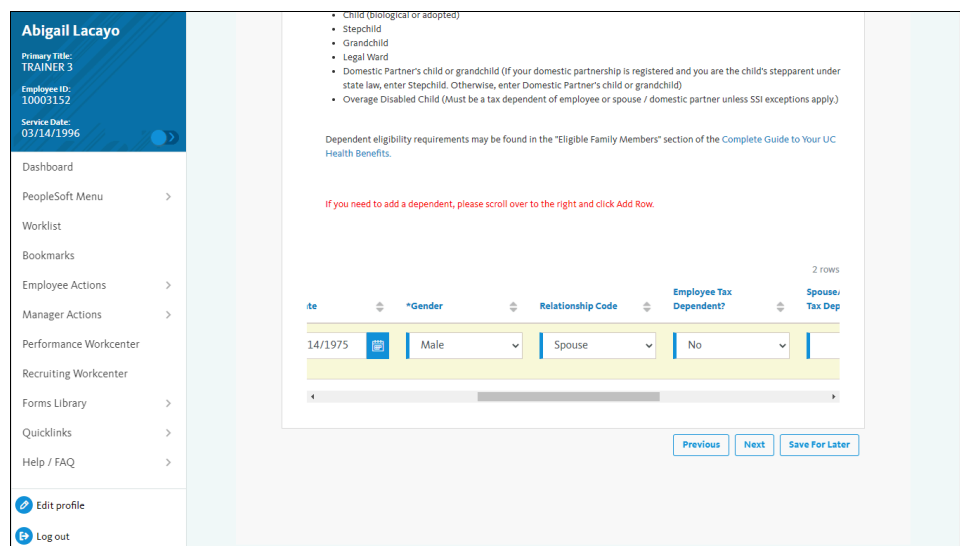
Dependent eligibility requirements may be found in the "Eligible Family Members" section of the [Complete Guide to Your UC Health Benefits](#).

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

Date	*Gender	Relationship Code	Employee Tax Dependent?	Spouse/Tax Dep
14/1975	Male	Spouse	No	

Previous Next Save For Later

Step	Action
31.	Click the No list item. 



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

Dashboard
PeopleSoft Menu >
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Recruiting Workcenter
Forms Library >
Quicklinks >
Help / FAQ >
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Log out

- Child (biological or adopted)
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- Legal Ward
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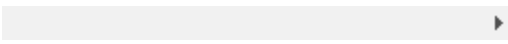
Dependent eligibility requirements may be found in the "Eligible Family Members" section of the [Complete Guide to Your UC Health Benefits](#).

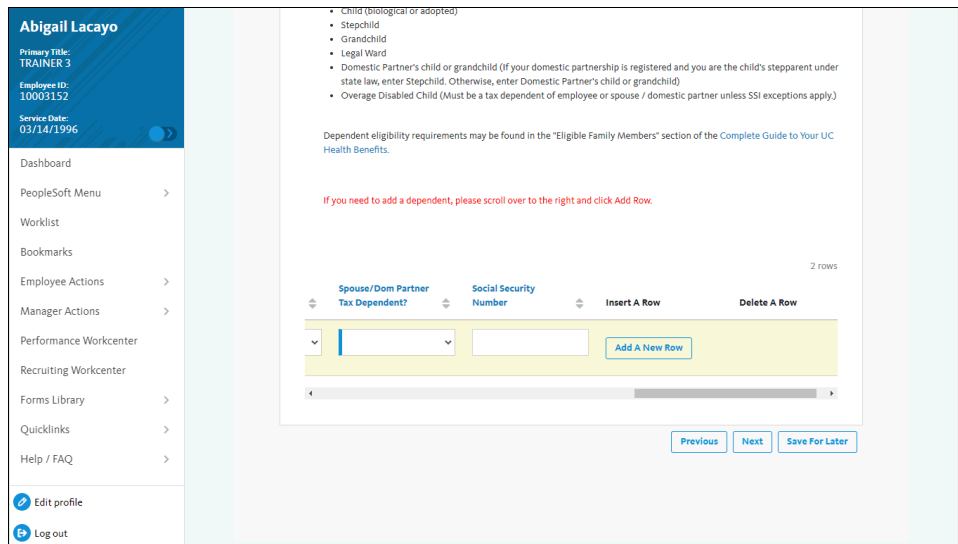
If you need to add a dependent, please scroll over to the right and click **Add Row**.

Date	*Gender	Relationship Code	Employee Tax Dependent?	Spouse/Tax Dep
14/1975	Male	Spouse	No	

Previous Next Save For Later

UCPath Task:
Benefits eForms: Submit Form for Newly
Eligible-New Hire

Step	Action
32.	Click the scrollbar. 



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

Dashboard
 PeopleSoft Menu >
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 Recruiting Workcenter
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Edit profile
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- Child (biological or adopted)
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- 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](#).

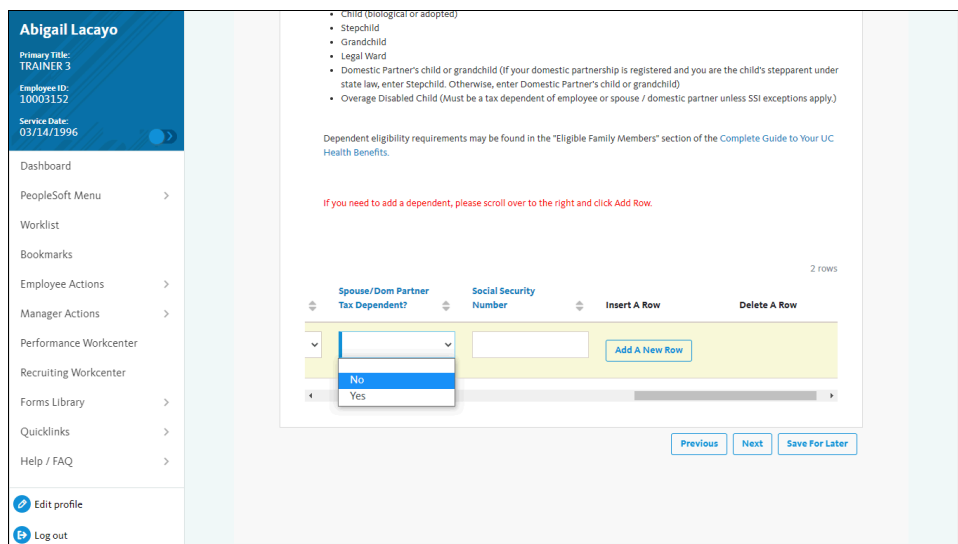
If you need to add a dependent, please scroll over to the right and click Add Row.

2 rows

Spouse/Dom Partner Tax Dependent?	Social Security Number	Insert A Row	Delete A Row
<input type="text"/>	<input type="text"/>	Add A New Row	

[Previous](#) [Next](#) [Save For Later](#)

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



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

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 Recruiting Workcenter
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Edit profile
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- Child (biological or adopted)
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- 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)
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Dependent eligibility requirements may be found in the "Eligible Family Members" section of the [Complete Guide to Your UC Health Benefits](#).

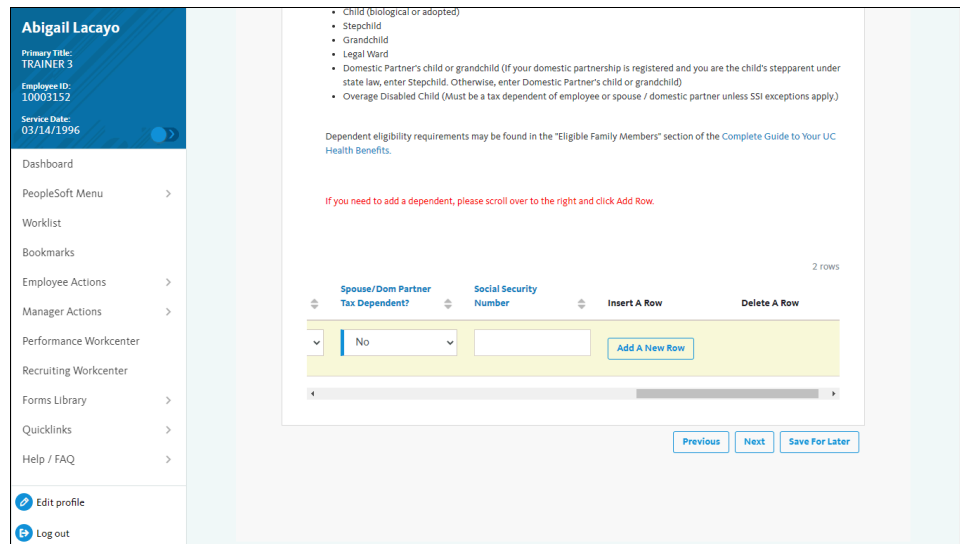
If you need to add a dependent, please scroll over to the right and click Add Row.

2 rows

Spouse/Dom Partner Tax Dependent?	Social Security Number	Insert A Row	Delete A Row
<input type="text"/>	<input type="text"/>	Add A New Row	

[Previous](#) [Next](#) [Save For Later](#)

Step	Action
34.	Click the No list item. 
35.	Click in the Social Security Number field. 



Abigail Lacayo
Primary Title: TRAINER 3
Employee ID: 10003152
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Dashboard
PeopleSoft Menu >
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- Child (biological or adopted)
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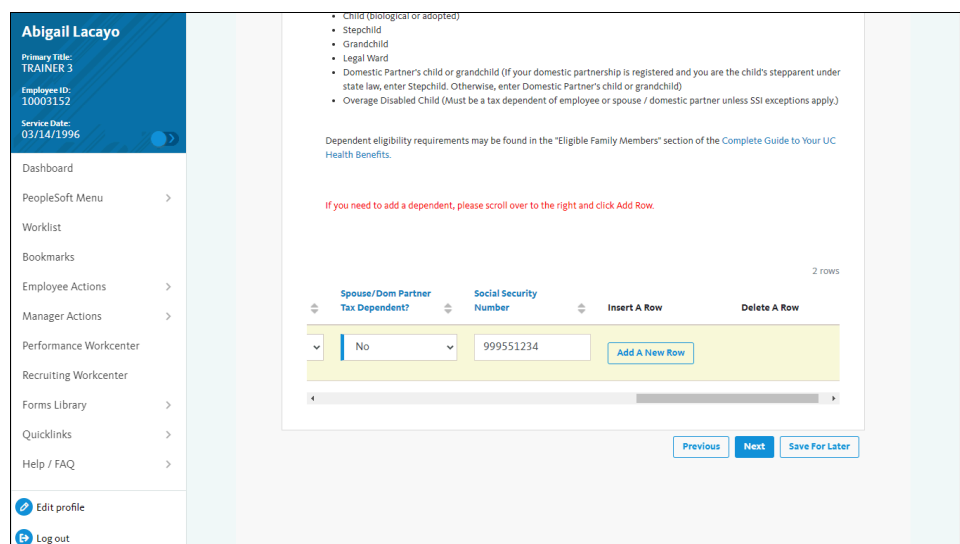
If you need to add a dependent, please scroll over to the right and click **Add Row**.

2 rows

Spouse/Dom Partner Tax Dependent?	Social Security Number	Insert A Row	Delete A Row
No		Add A New Row	

Previous Next Save For Later

Step	Action
36.	Enter the desired information into the Social Security Number field without any dashes or spaces. For this example, enter "999551234" .



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

Dashboard
PeopleSoft Menu >
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- Child (biological or adopted)
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- 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**.

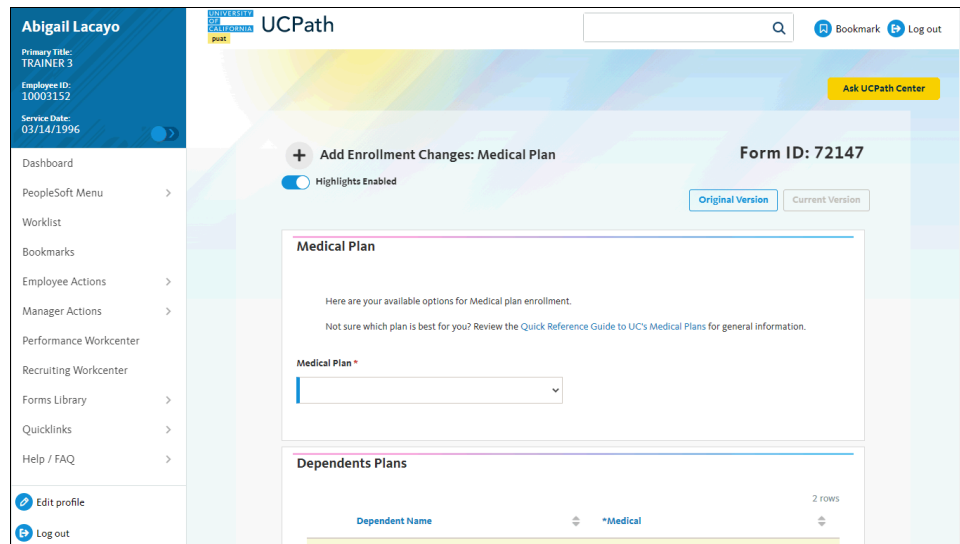
2 rows


Spouse/Dom Partner Tax Dependent?	Social Security Number	Insert A Row	Delete A Row
No	999551234	Add A New Row	

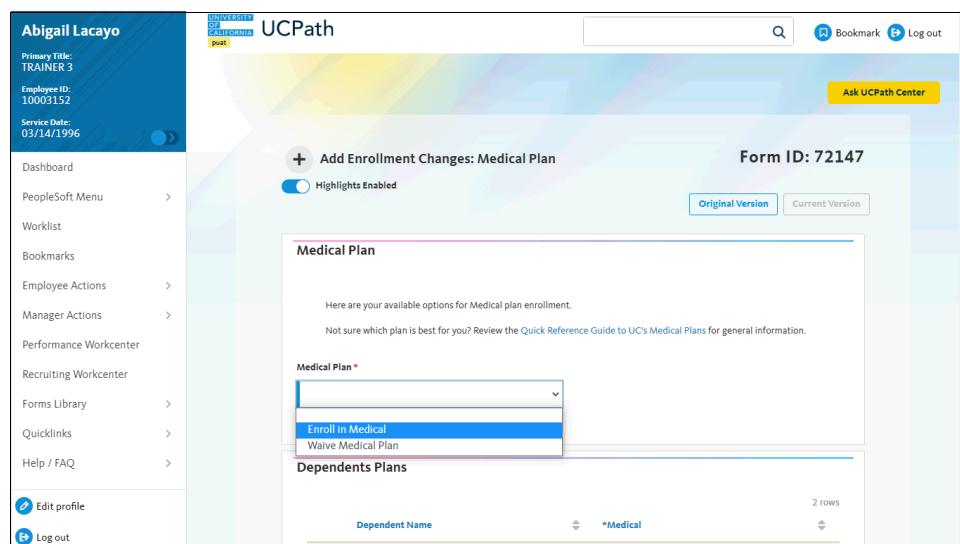
Previous Next Save For Later

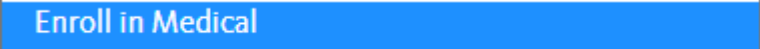
UCPath Task:
Benefits eForms: Submit Form for Newly
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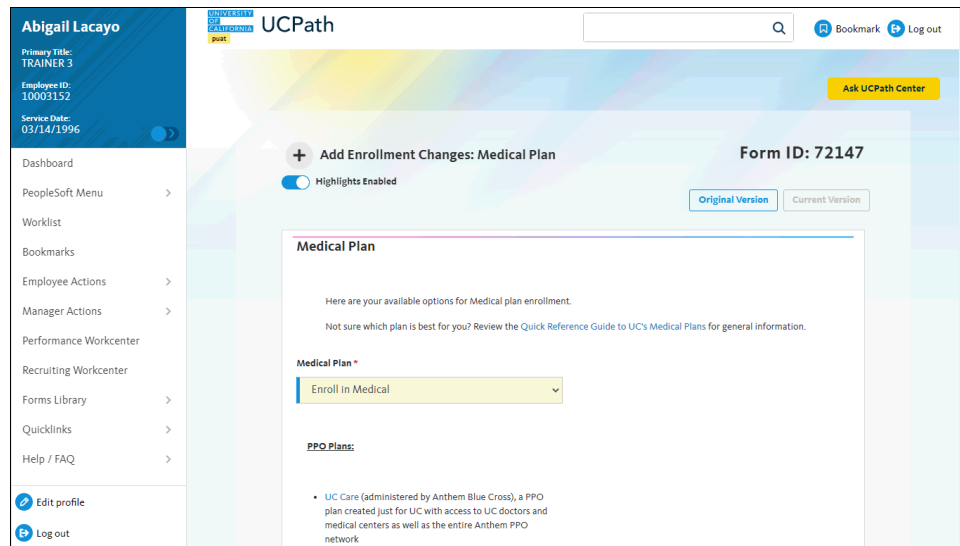
Step	Action
37.	Click the Next button. 



Step	Action
38.	The Medical Plan enrollment page appears. Click the Quick Reference Guide to UC's Medical Plans link to UCnet for medical plan information.
39.	Click the button to the right of the Medical Plan field. 



Step	Action
40.	Click the Enroll in Medical list item. 



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UCPath

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+ Add Enrollment Changes: Medical Plan
Highlights Enabled

Medical Plan

Here are your available options for Medical plan enrollment.
Not sure which plan is best for you? Review the [Quick Reference Guide to UC's Medical Plans](#) for general information.

Medical Plan *

Enroll in Medical

PPO Plans:

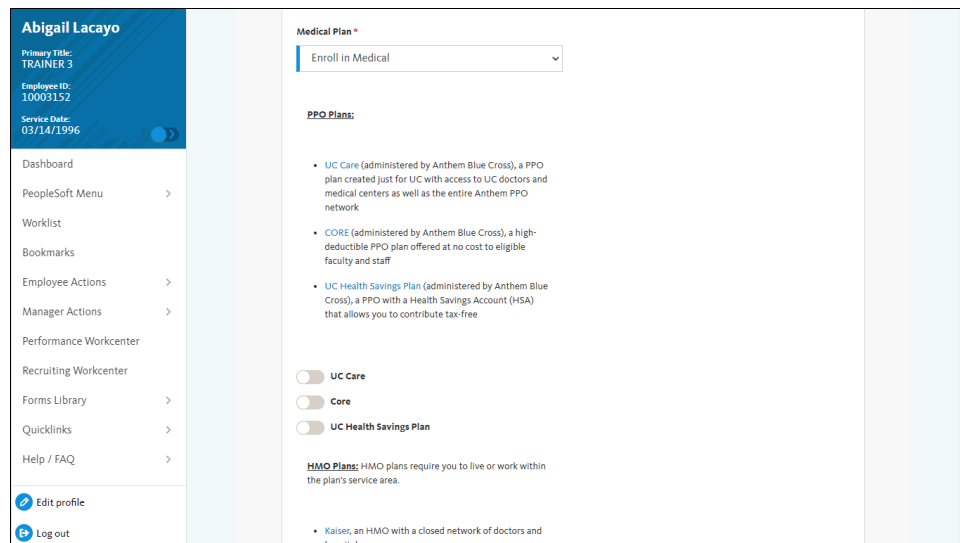
- UC Care (administered by Anthem Blue Cross), a PPO plan created just for UC with access to UC doctors and medical centers as well as the entire Anthem PPO network

HMO Plans:

HMO plans require you to live or work within the plan's service area.

- Kaiser, an HMO with a closed network of doctors and hospitals

Step	Action
41.	Click the scrollbar.



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+ Add Enrollment Changes: Medical Plan
Highlights Enabled

Medical Plan

Enroll in Medical

PPO Plans:

- UC Care (administered by Anthem Blue Cross), a PPO plan created just for UC with access to UC doctors and medical centers as well as the entire Anthem PPO network
- CORE (administered by Anthem Blue Cross), a high-deductible PPO plan offered at no cost to eligible faculty and staff
- UC Health Savings Plan (administered by Anthem Blue Cross), a PPO with a Health Savings Account (HSA) that allows you to contribute tax-free

HMO Plans:

HMO plans require you to live or work within the plan's service area.

- Kaiser, an HMO with a closed network of doctors and hospitals

UCPath Task:
Benefits eForms: Submit Form for Newly
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Step	Action
42.	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.
43.	Click the scrollbar.

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HMO Plans: HMO plans require you to live or work within the plan's service area.

- Kaiser, an HMO with a closed network of doctors and hospitals
- UC Blue & Gold (administered by Health Net), an HMO with a network designed just for UC

☐ Kaiser Permanente
☒ Health Net Blue & Gold HMO

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
2 rows	

Step	Action
44.	For this example, select Health Net Blue & Gold HMO. Click the Health Net Blue & Gold HMO button.

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HMO Plans: HMO plans require you to live or work within the plan's service area.

- Kaiser, an HMO with a closed network of doctors and hospitals
- UC Blue & Gold (administered by Health Net), an HMO with a network designed just for UC

☐ Kaiser Permanente
☒ Health Net Blue & Gold HMO

Employee PPG/PCP #

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

Step	Action
45.	If you know the primary physician group (PPG) or primary care physician (PCP) you'd like to select, find the 10-digit code on the plan website and enter it in the Employee PPG/PCP # field.
46.	Select the TIP Opt Out option to pay your medical plan employee contribution as an after-tax deduction
47.	Click the scrollbar.

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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		


2 rows

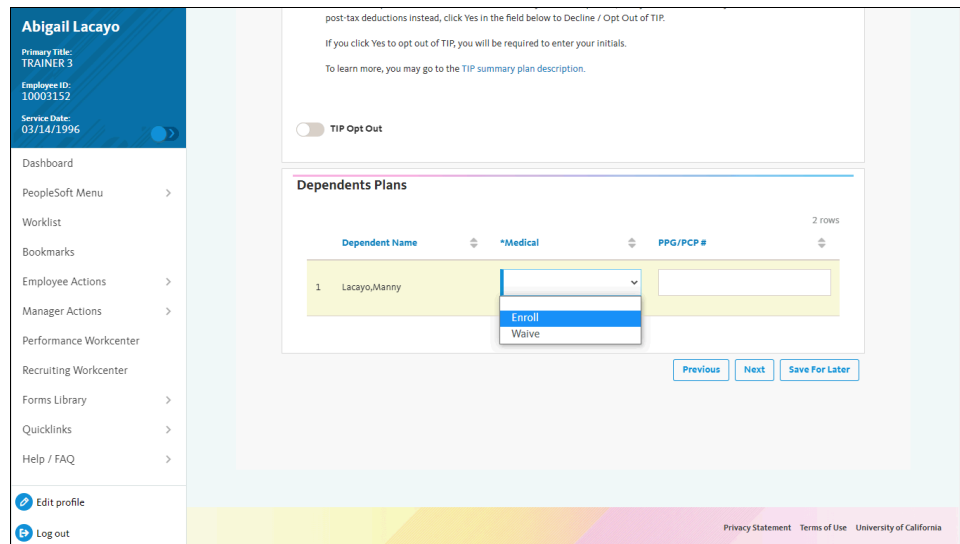
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UCPath Task:
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Step	Action
48.	Dependents must be enrolled individually for each plan.
49.	Click the button to the right of the Medical field. 



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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	<div> <div></div> <div>Enroll</div> <div>Waive</div> </div>	

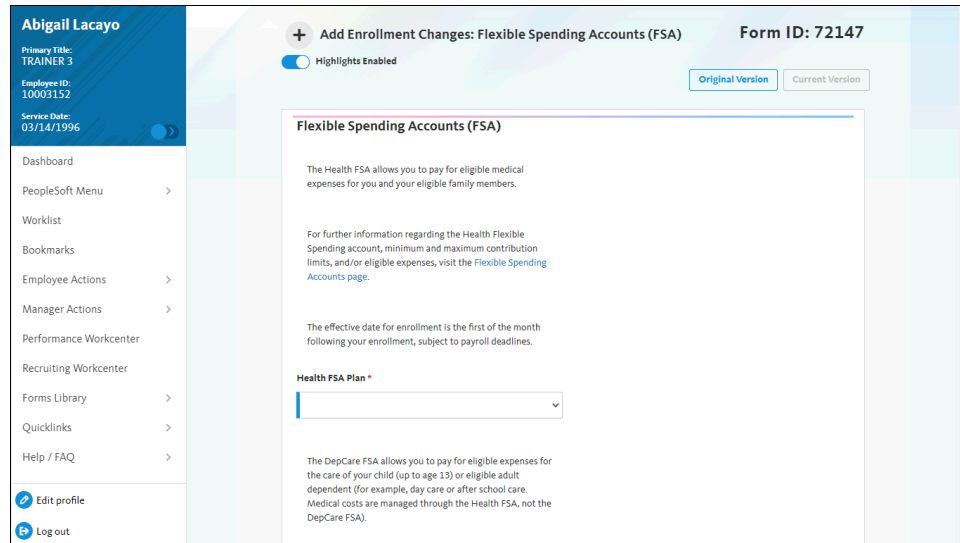
2 rows

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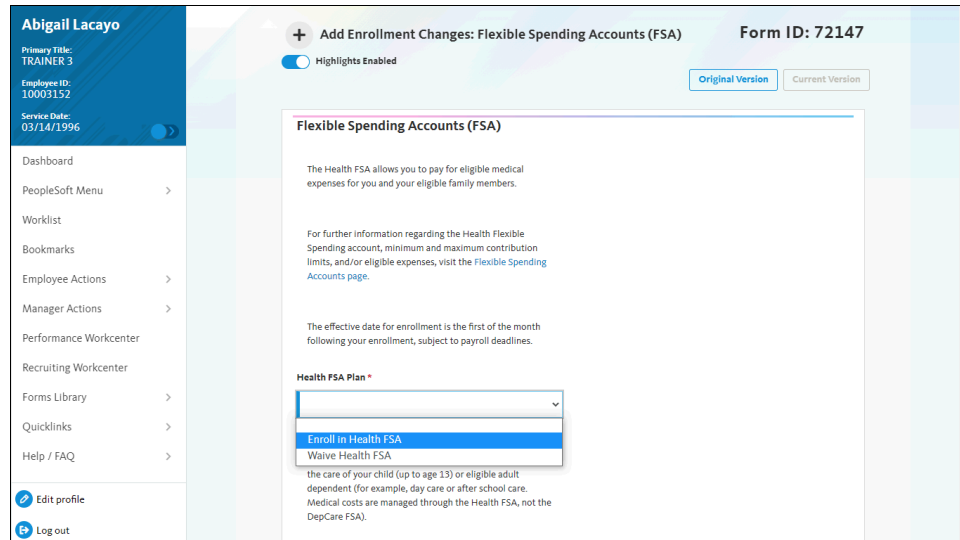
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Step	Action
50.	Click the Enroll list item. 
51.	Click the Next button. 



UCPath Task:
Benefits eForms: Submit Form for Newly
Eligible-New Hire

Step	Action
52.	<p>HMO plans provide the option to enroll in a Health Flexible Spending Account (FSA).</p> <p>Click the button to the right of the Health FSA Plan field.</p> 



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+ Add Enrollment Changes: Flexible Spending Accounts (FSA) Form ID: 72147

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Flexible Spending Accounts (FSA)

The Health FSA allows you to pay for eligible medical expenses for you and your eligible family members.


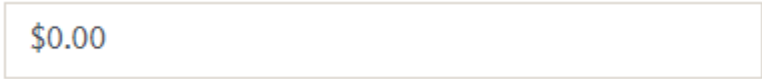
For further information regarding the Health Flexible Spending account, minimum and maximum contribution limits, and/or eligible expenses, visit the [Flexible Spending Accounts page](#).

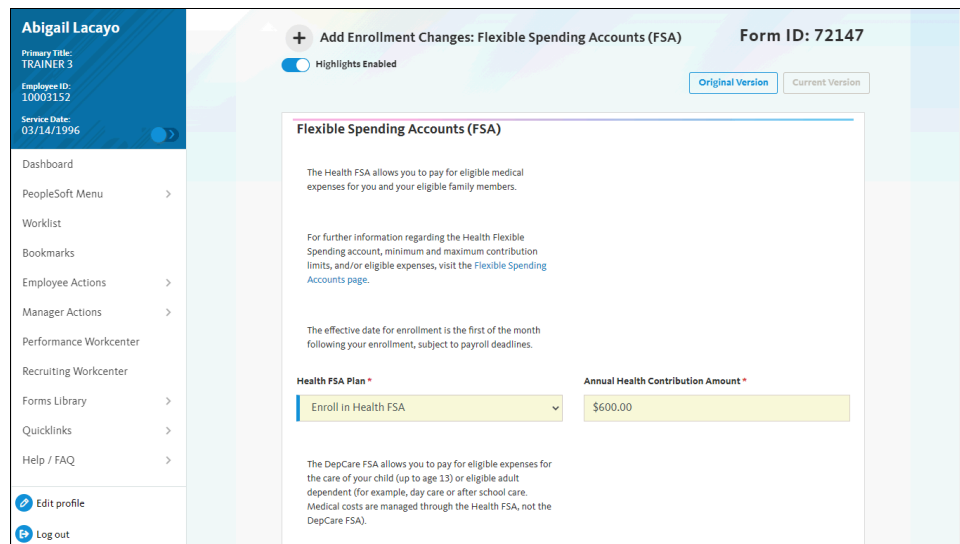
The effective date for enrollment is the first of the month following your enrollment, subject to payroll deadlines.

Health FSA Plan *

Enroll in Health FSA
 Waive Health FSA

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).

Step	Action
53.	Click the Enroll in Health FSA list item. 
54.	Click in the Annual Health Contribution Amount field. 
55.	Enter the desired information into the Annual Health Contribution Amount field. For this example, enter " 600.00 ".



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[Original Version](#) [Current Version](#)

Flexible Spending Accounts (FSA)

The Health FSA allows you to pay for eligible medical expenses for you and your eligible family members.

For further information regarding the Health Flexible Spending account, minimum and maximum contribution limits, and/or eligible expenses, visit the [Flexible Spending Accounts page](#).

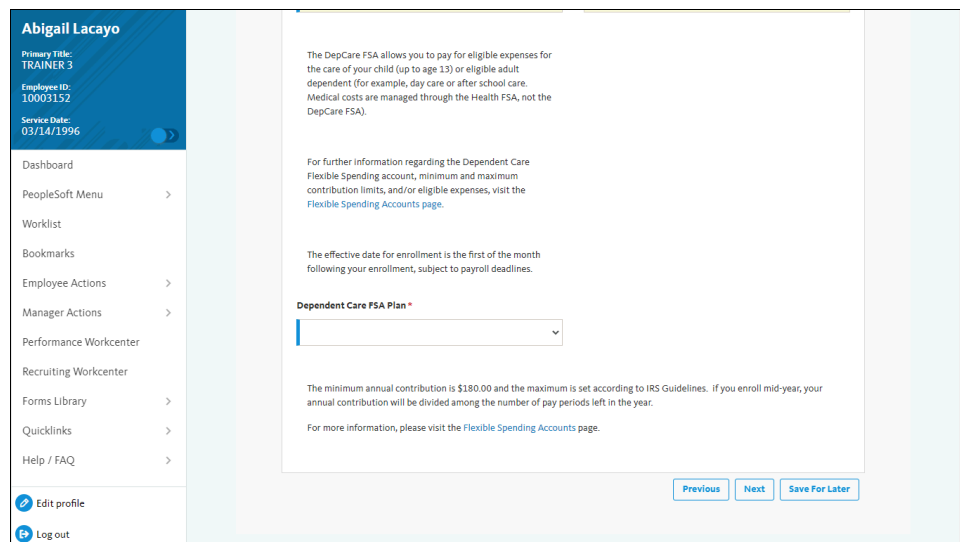
The effective date for enrollment is the first of the month following your enrollment, subject to payroll deadlines.

Health FSA Plan * **Annual Health Contribution Amount ***

Enroll in Health FSA \$600.00

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).

Step	Action
56.	Click the scrollbar.



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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 *

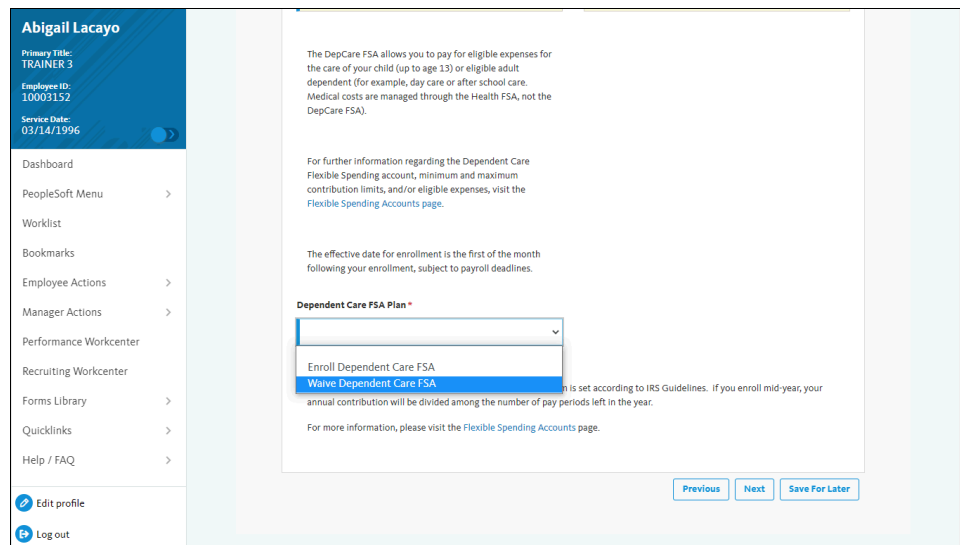
The minimum annual contribution is \$180.00 and the maximum is set according to IRS Guidelines. If you enroll mid-year, your annual contribution will be divided among the number of pay periods left in the year.

For more information, please visit the [Flexible Spending Accounts page](#).

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Step	Action
57.	Dependent Care FSA enrollment covers eligible child or dependent adult care. For this example, waive the Dependent Care FSA Plan .
58.	Click the button to the right of the Dependent Care FSA Plan field. 



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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.

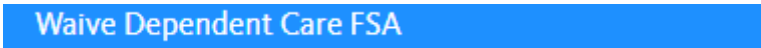
Dependent Care FSA Plan *

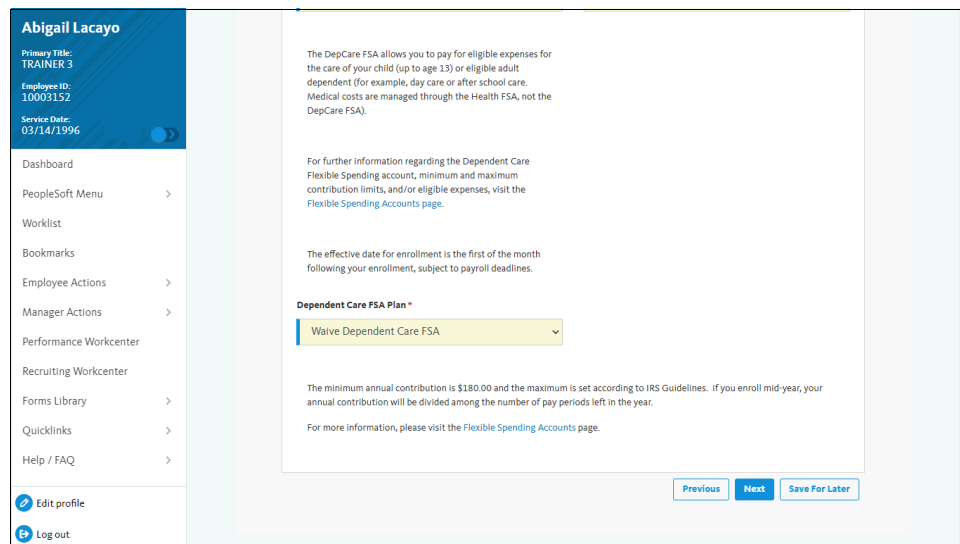
Enroll Dependent Care FSA
Waive Dependent Care FSA

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](#).

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Step	Action
59.	Click the Waive Dependent Care FSA list item. 



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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 *

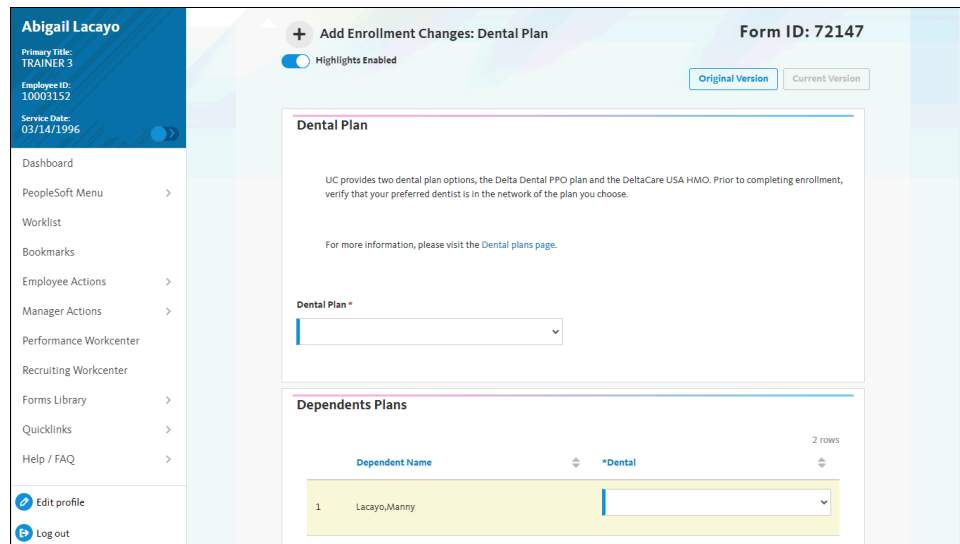
Waive Dependent Care FSA


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.

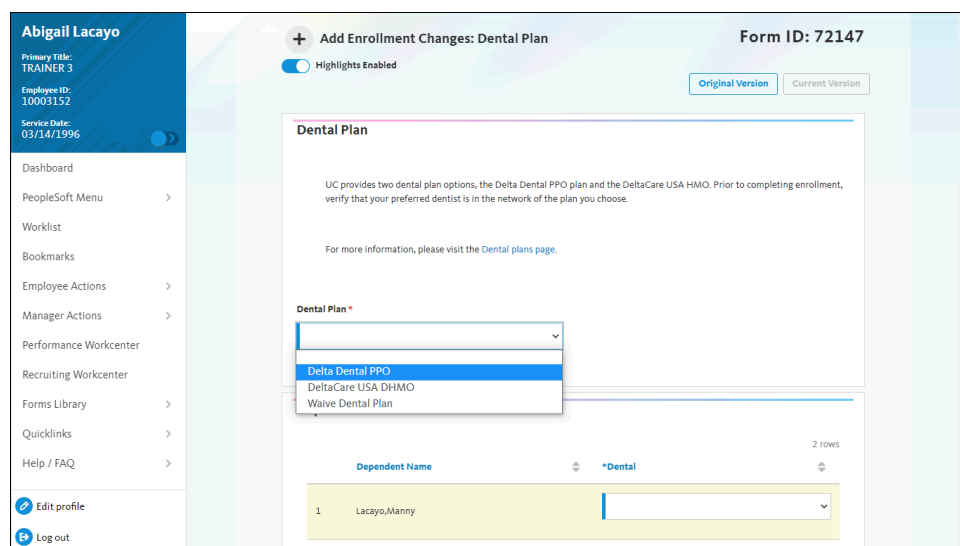
For more information, please visit the [Flexible Spending Accounts page](#).

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Step	Action
60.	Click the Next button. 

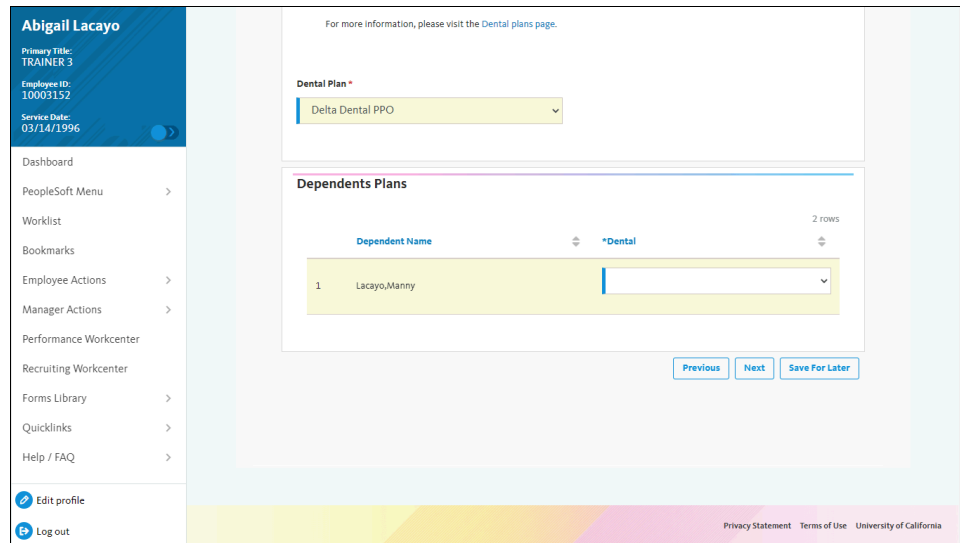



Step	Action
61.	Click the button to the right of the Dental Plan field. 

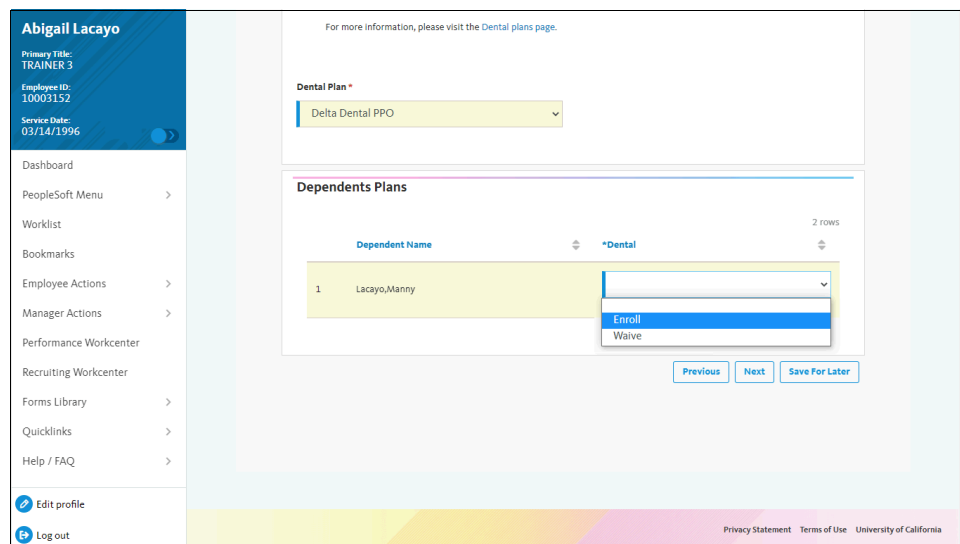


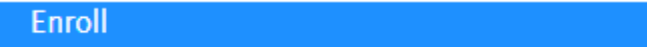
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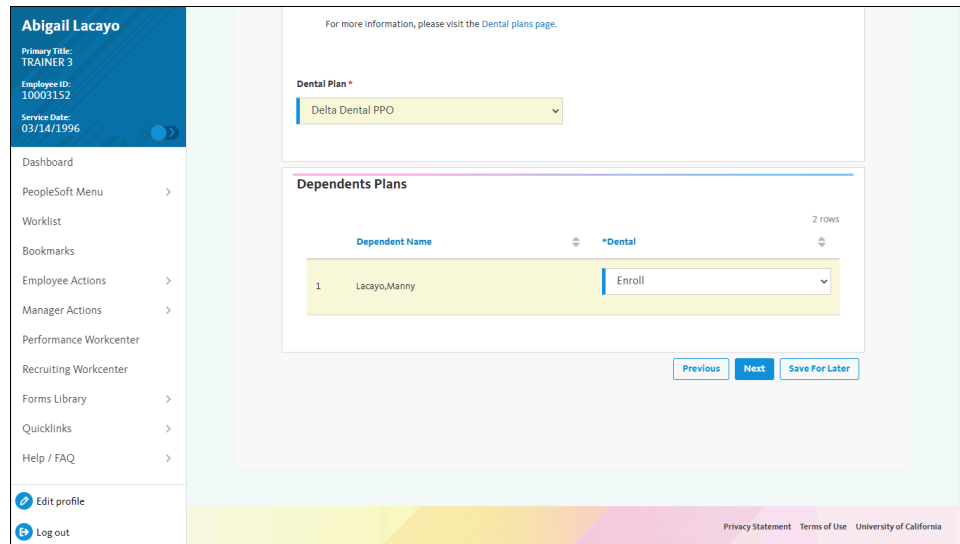
Step	Action
62.	For this example, click the Delta Dental PPO list item. 
63.	Click the scrollbar.




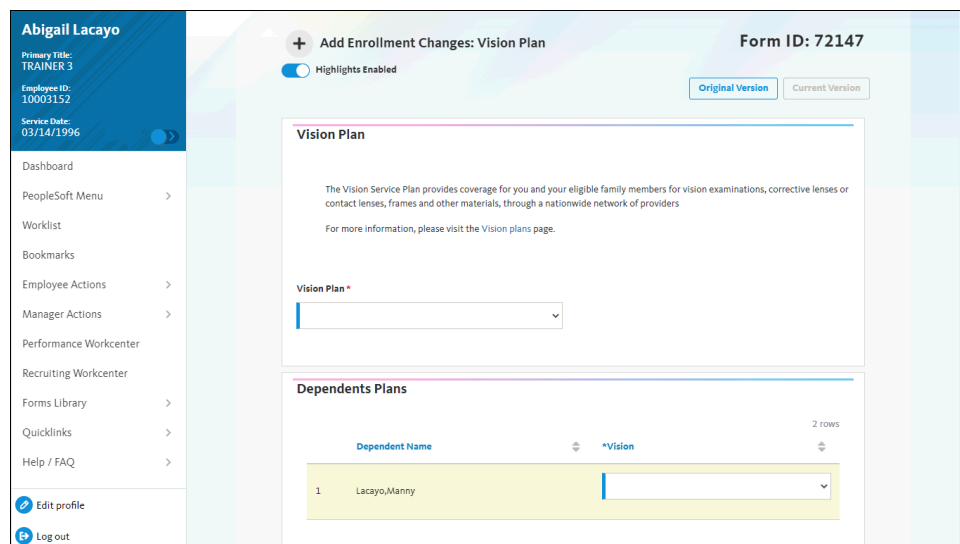
Step	Action
64.	Remember to enroll Dependents for coverage in each plan as needed. Click the button to the right of the Dental field. 




Step	Action
65.	Click the Enroll list item. 

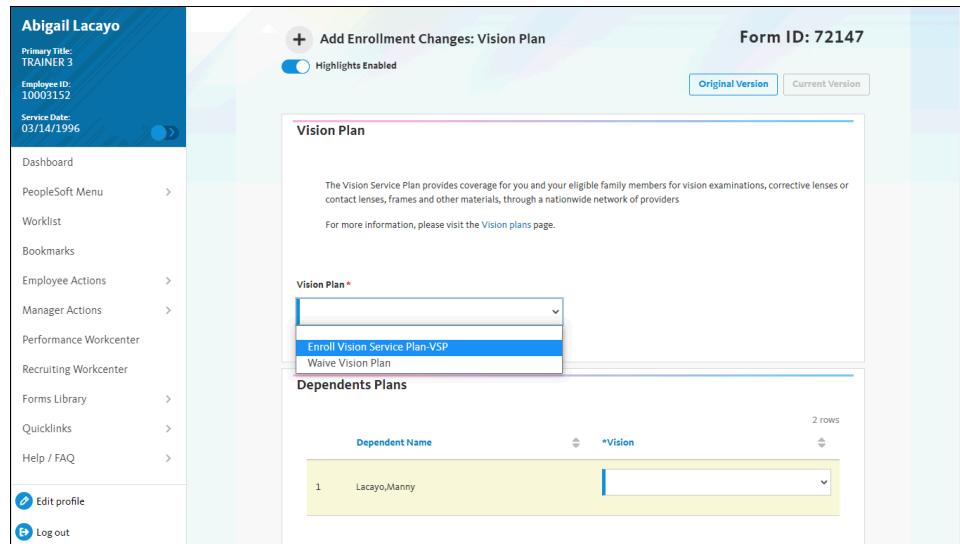


Step	Action
66.	Click the Next button. 



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Step	Action
67.	Click the button to the right of the Vision Plan field. 



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+ Add Enrollment Changes: Vision Plan **Form ID: 72147**
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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.

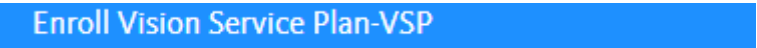

Vision Plan *

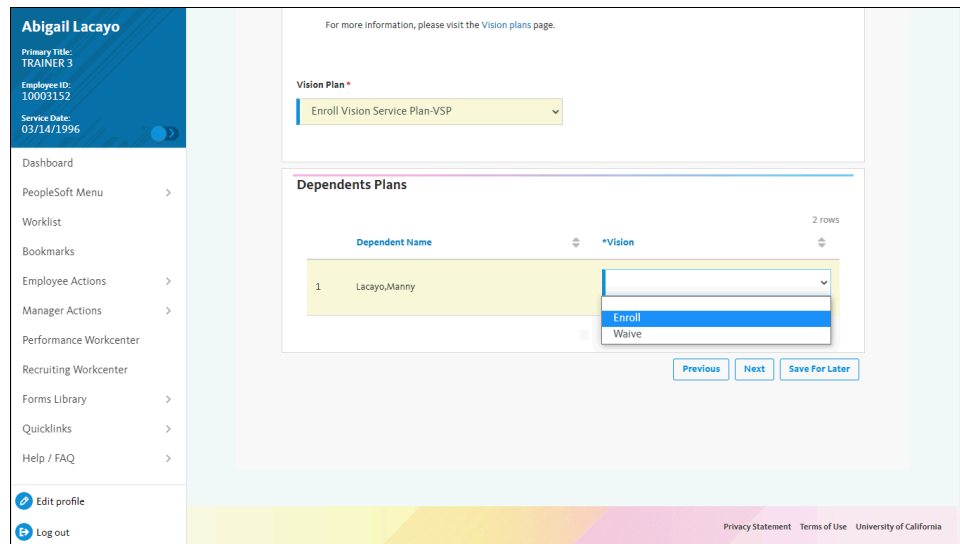
Enroll Vision Service Plan-VSP
 Waive Vision Plan

Dependents Plans

2 rows

Dependent Name	*Vision
1 Lacayo, Manny	

Step	Action
68.	Click the Enroll Vision Service Plan-VSP list item. 
69.	Click the scrollbar.
70.	Click the button to the right of the Vision field. 



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For more information, please visit the Vision plans page.

Vision Plan *
Enroll Vision Service Plan-VSP



Dependents Plans

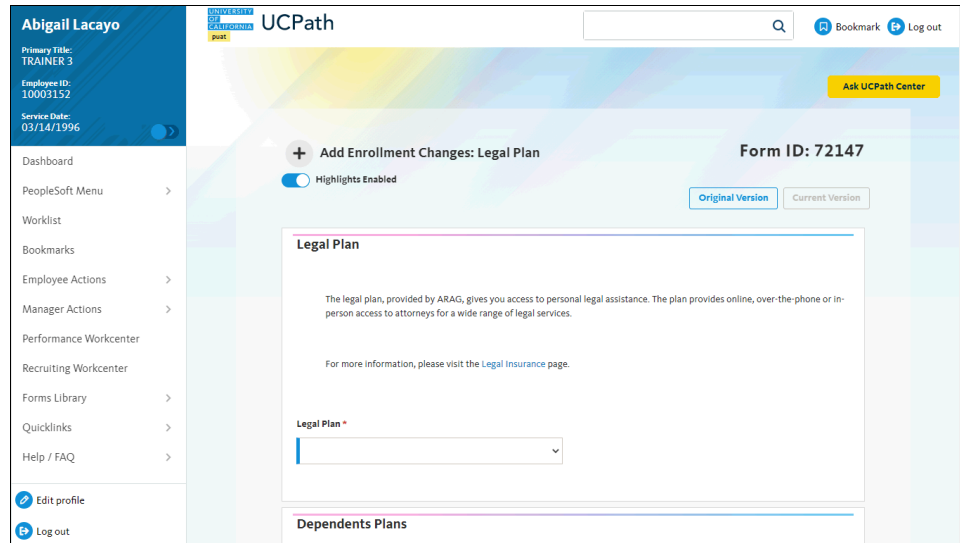
Dependent Name	*Vision
1 Lacayo, Manny	Enroll Waive

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



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+ Add Enrollment Changes: Legal Plan
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Legal Plan

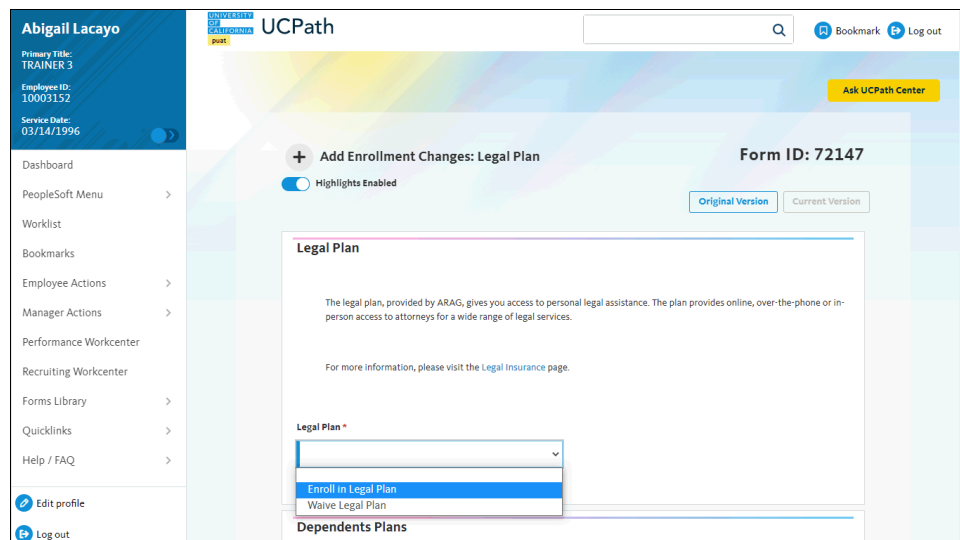
The legal plan, provided by ARAG, gives you access to personal legal assistance. The plan provides online, over-the-phone or in-person access to attorneys for a wide range of legal services.

For more information, please visit the [Legal Insurance](#) page.

Legal Plan *

Dependents Plans

Step	Action
73.	Click the button to the right of the Legal Plan field. 



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Legal Plan

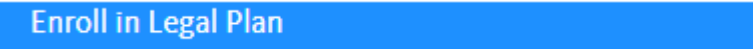

The legal plan, provided by ARAG, gives you access to personal legal assistance. The plan provides online, over-the-phone or in-person access to attorneys for a wide range of legal services.

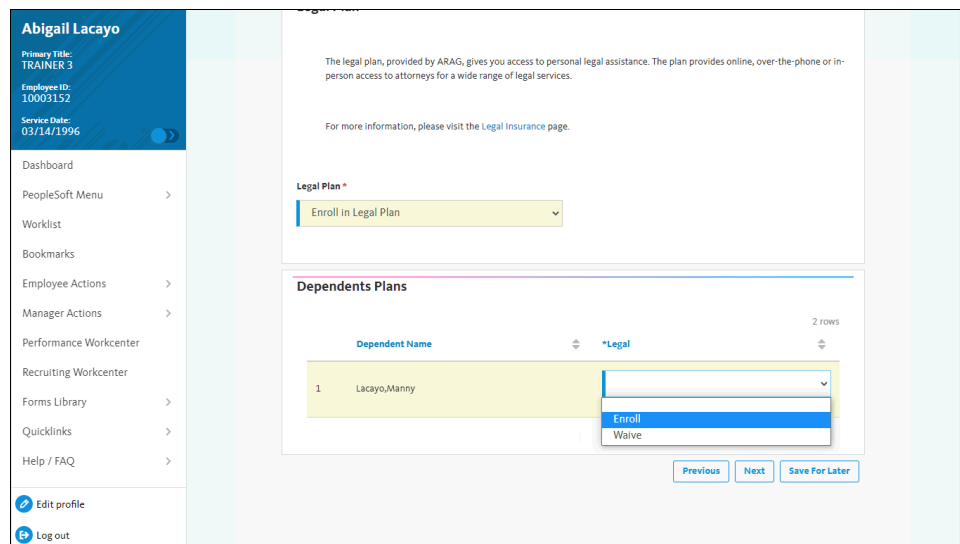
For more information, please visit the [Legal Insurance](#) page.

Legal Plan *

- Enroll in Legal Plan
- Waive Legal Plan

Dependents Plans

Step	Action
74.	Click the Enroll in Legal Plan list item. 
75.	Click the scrollbar.
76.	Click the button to the right of the Legal field. 



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The legal plan, provided by ARAG, gives you access to personal legal assistance. The plan provides online, over-the-phone or in-person access to attorneys for a wide range of legal services.

For more information, please visit the [Legal Insurance page](#).



Legal Plan *
Enroll in Legal Plan

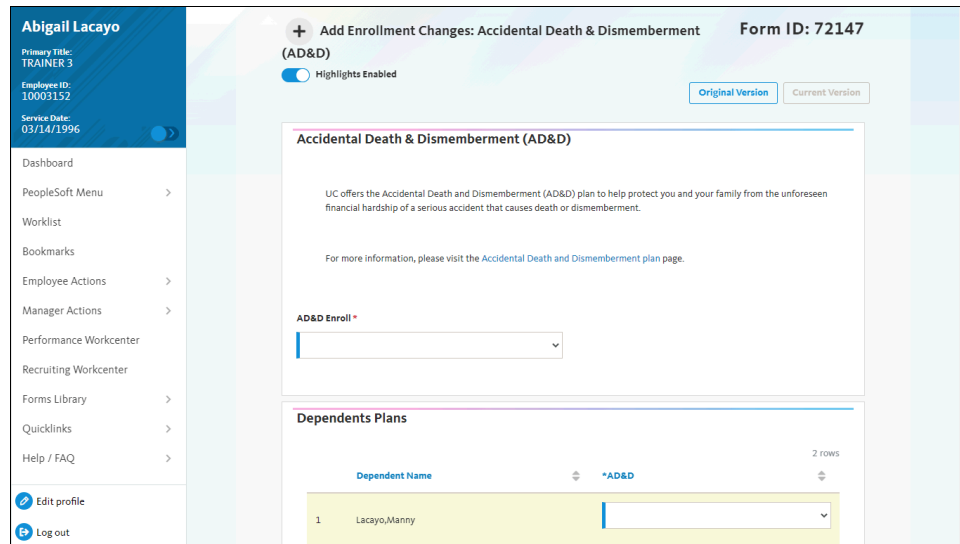
Dependents Plans
2 rows


Dependent Name	*Legal
1 Lacayo,Manny	Enroll Waive

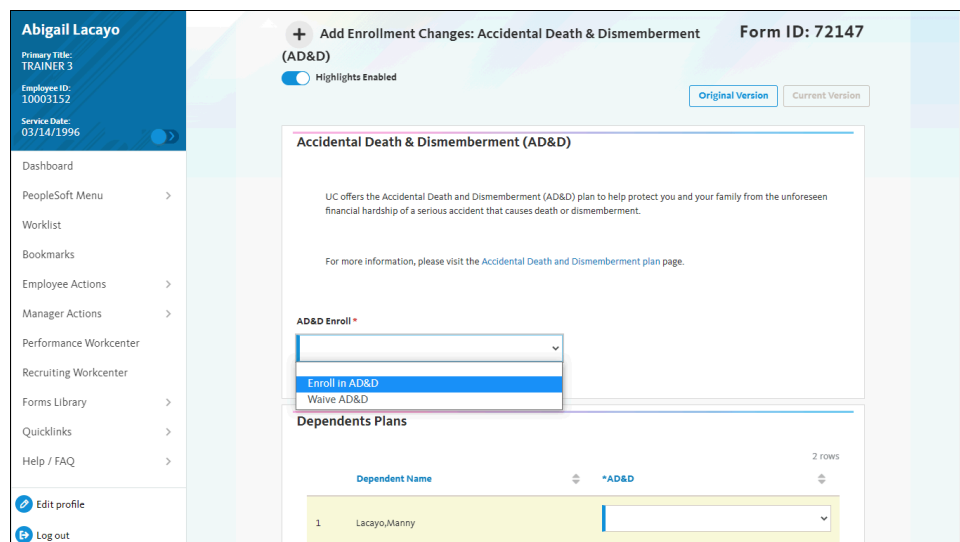
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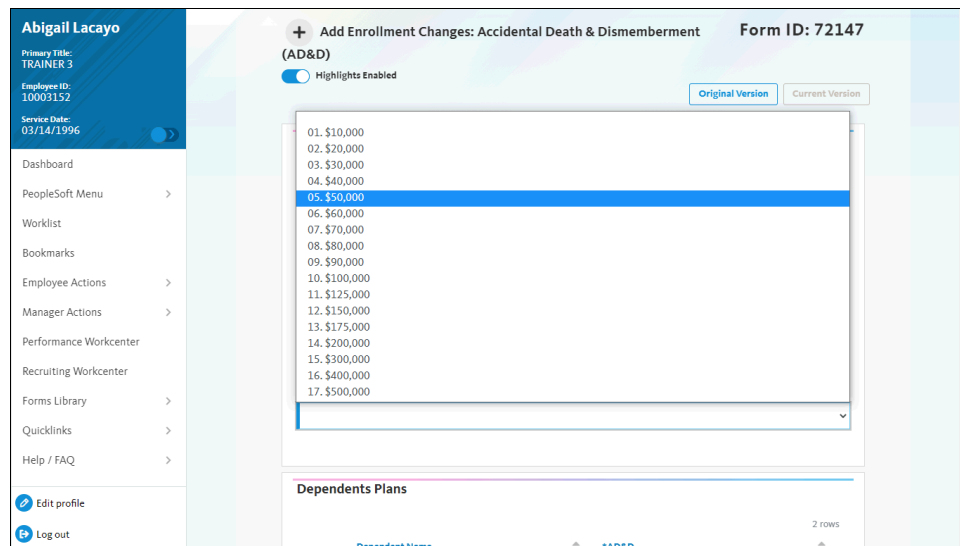
Step	Action
77.	Click the Enroll list item. 
78.	Click the Next button. 



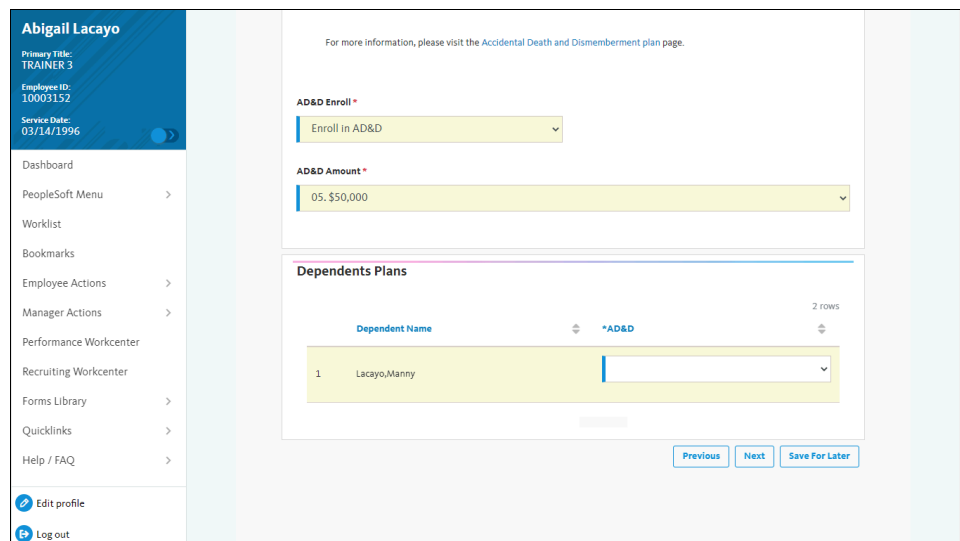
Step	Action
79.	Click the button to the right of the AD&D Enroll field. 




Step	Action
80.	Click the Enroll in AD&D list item. 
81.	Click the button to the right of the AD&D Amount field. 

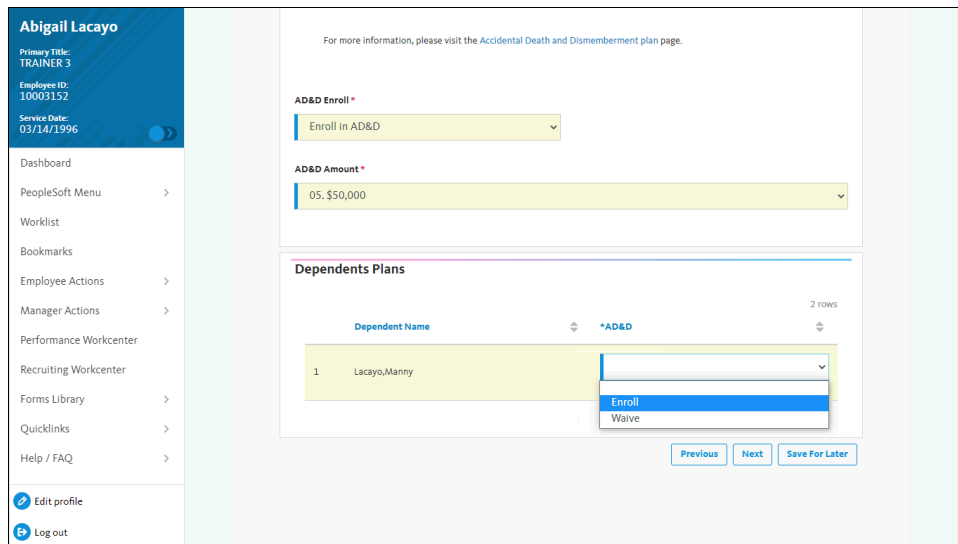


Step	Action
82.	For this example, click the 05. \$50,000 list item.
83.	Click the scrollbar.



UCPath Task:
Benefits eForms: Submit Form for Newly
Eligible-New Hire

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



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For more information, please visit the Accidental Death and Dismemberment plan page.


AD&D Enroll *
 Enroll in AD&D

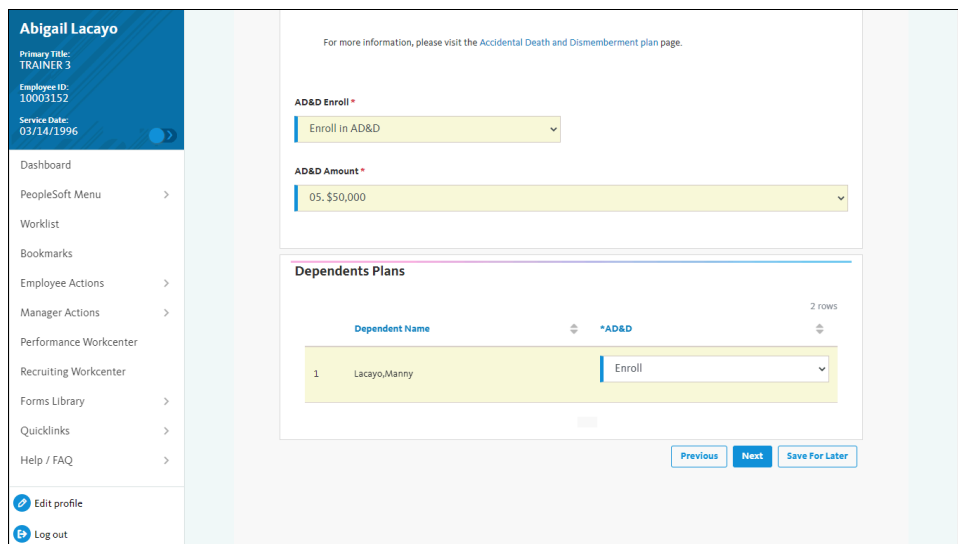
AD&D Amount *
 \$05, \$50,000

Dependents Plans

Dependent Name	*AD&D
1 Lacayo, Manny	Enroll

Previous Next Save For Later

Step	Action
85.	Click the Enroll list item. 



Abigail Lacayo
 Primary Title: TRAINER 3
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For more information, please visit the Accidental Death and Dismemberment plan page.


AD&D Enroll *
 Enroll in AD&D

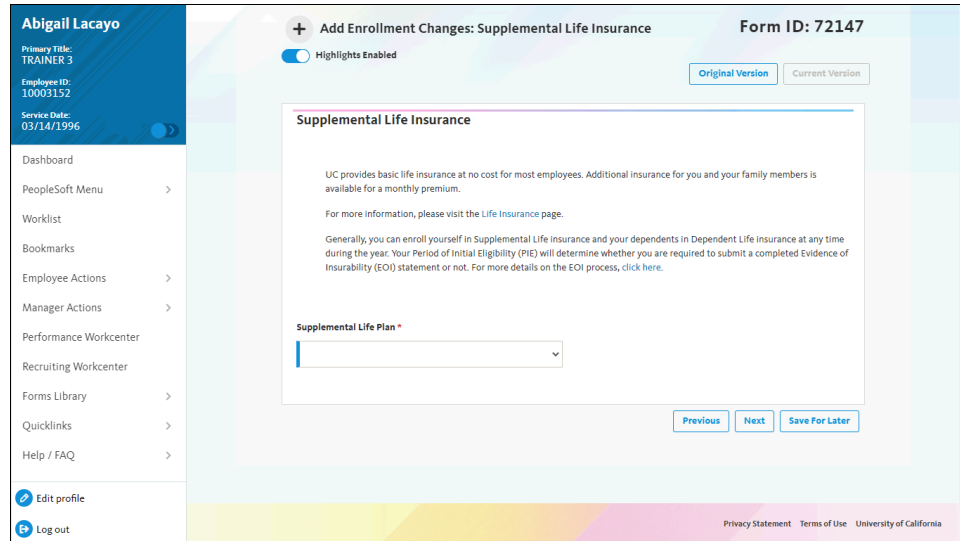
AD&D Amount *
 \$05, \$50,000

Dependents Plans

Dependent Name	*AD&D
1 Lacayo, Manny	Enroll

Previous Next Save For Later

Step	Action
86.	Click the Next button. 



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

+ Add Enrollment Changes: Supplemental Life Insurance Form ID: 72147
Highlights Enabled

Supplemental Life Insurance

UC provides basic life insurance at no cost for most employees. Additional insurance for you and your family members is available for a monthly premium.


For more information, please visit the [Life Insurance](#) page.

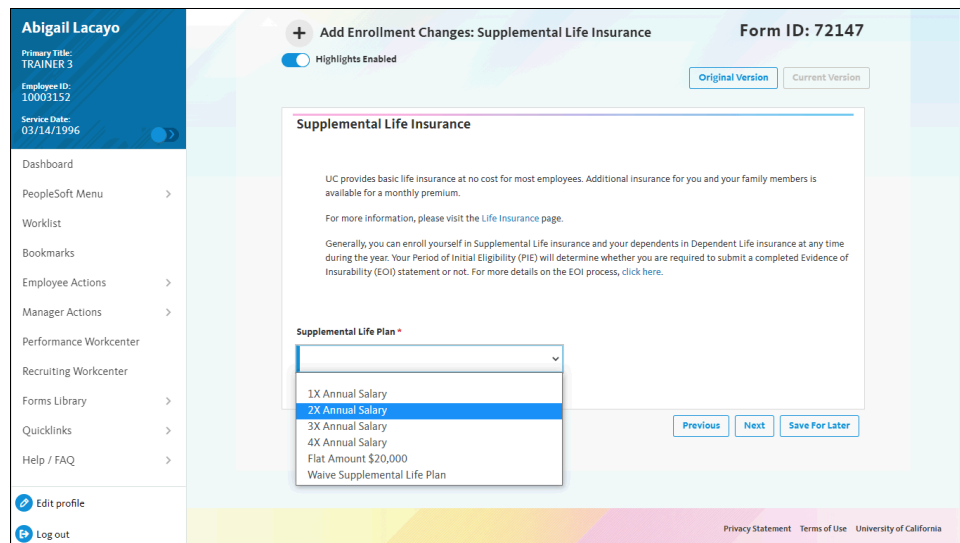
Generally, you can enroll yourself in Supplemental Life insurance and your dependents in Dependent Life insurance at any time during the year. Your Period of Initial Eligibility (PIE) will determine whether you are required to submit a completed Evidence of Insurability (EOI) statement or not. For more details on the EOI process, [click here](#).

Supplemental Life Plan *

[Previous](#) [Next](#) [Save For Later](#)

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Step	Action
87.	Click the button to the right of the Supplemental Life Plan field. 



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

+ Add Enrollment Changes: Supplemental Life Insurance Form ID: 72147
Highlights Enabled

Supplemental Life Insurance

UC provides basic life insurance at no cost for most employees. Additional insurance for you and your family members is available for a monthly premium.

For more information, please visit the [Life Insurance](#) page.

Generally, you can enroll yourself in Supplemental Life insurance and your dependents in Dependent Life insurance at any time during the year. Your Period of Initial Eligibility (PIE) will determine whether you are required to submit a completed Evidence of Insurability (EOI) statement or not. For more details on the EOI process, [click here](#).

Supplemental Life Plan *

- 1X Annual Salary
- 2X Annual Salary
- 3X Annual Salary
- 4X Annual Salary
- Flat Amount \$20,000
- Waive Supplemental Life Plan

[Previous](#) [Next](#) [Save For Later](#)

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UCPath Task:
Benefits eForms: Submit Form for Newly
Eligible-New Hire

Step	Action
88.	For this example, click the 2X Annual Salary list item. <div>2X Annual Salary</div>

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

+ Add Enrollment Changes: Supplemental Life Insurance Form ID: 72147
 Highlights Enabled

Supplemental Life Insurance

UC provides basic life insurance at no cost for most employees. Additional insurance for you and your family members is available for a monthly premium.
 For more information, please visit the [Life Insurance](#) page.

Generally, you can enroll yourself in Supplemental Life insurance and your dependents in Dependent Life insurance at any time during the year. Your Period of Initial Eligibility (PIE) will determine whether you are required to submit a completed Evidence of Insurability (EOI) statement or not. For more details on the EOI process, [click here](#).

Supplemental Life Plan *
 2X Annual Salary

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Step	Action
89.	Click the Next button. <div>Next</div>

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

+ Add Enrollment Changes: Dependent Life Insurance Form ID: 72147
 Highlights Enabled

Dependent Life Insurance

UC provides basic life insurance at no cost for most employees. Additional insurance for you and your family members is available for a monthly premium.
 For more information, please visit the [Life Insurance](#) page.

Generally, you can enroll yourself in Supplemental Life insurance and your dependents in Dependent Life insurance at any time during the year. Your Period of Initial Eligibility (PIE) will determine whether you are required to submit a completed Evidence of Insurability (EOI) statement or not. For more details on the EOI process, [click here](#).

Dependent Life Plan *


Dependents Plans

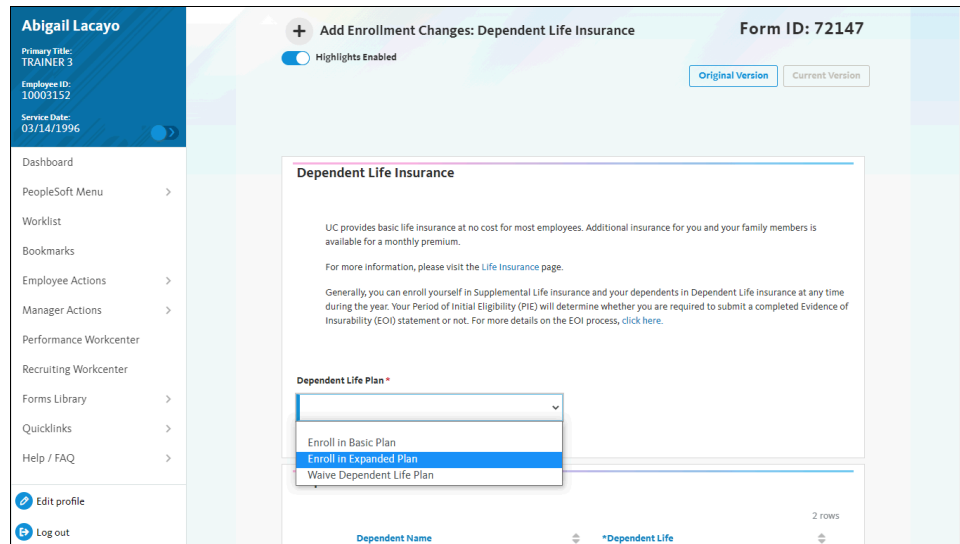
Dependent Name	*Dependent Life

2 rows

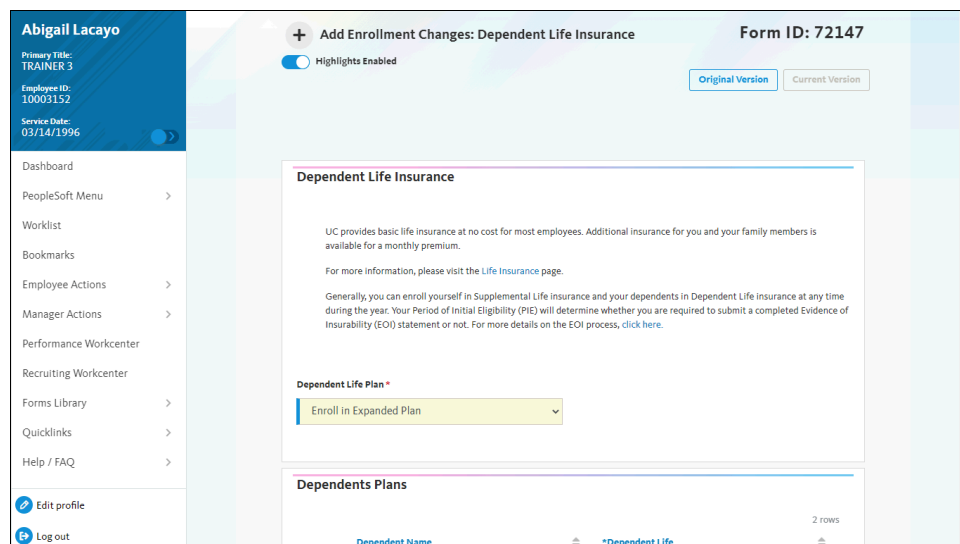
[Edit profile](#) [Log out](#)

[Privacy Statement](#) [Terms of Use](#) [University of California](#)

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




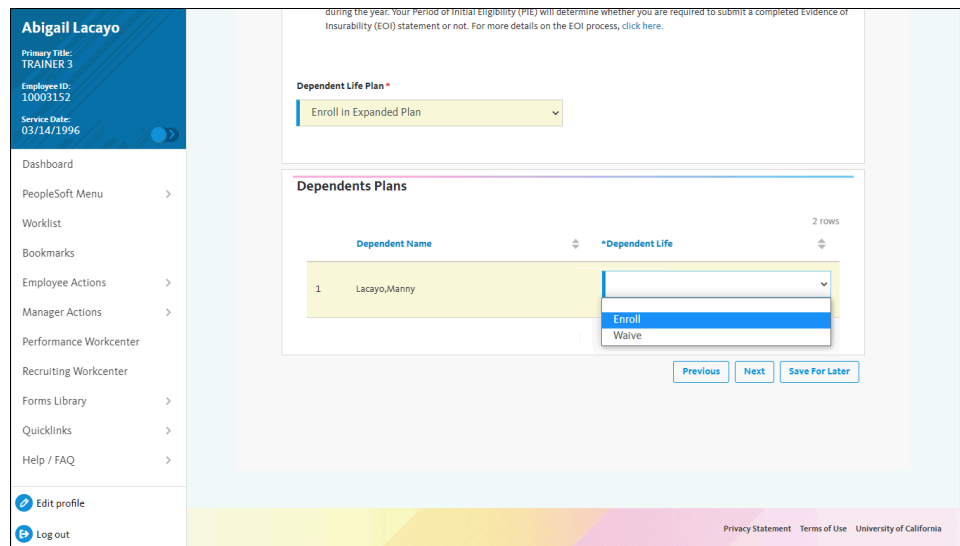
Step	Action
91.	For this example, click the Enroll in Expanded Plan list item. 





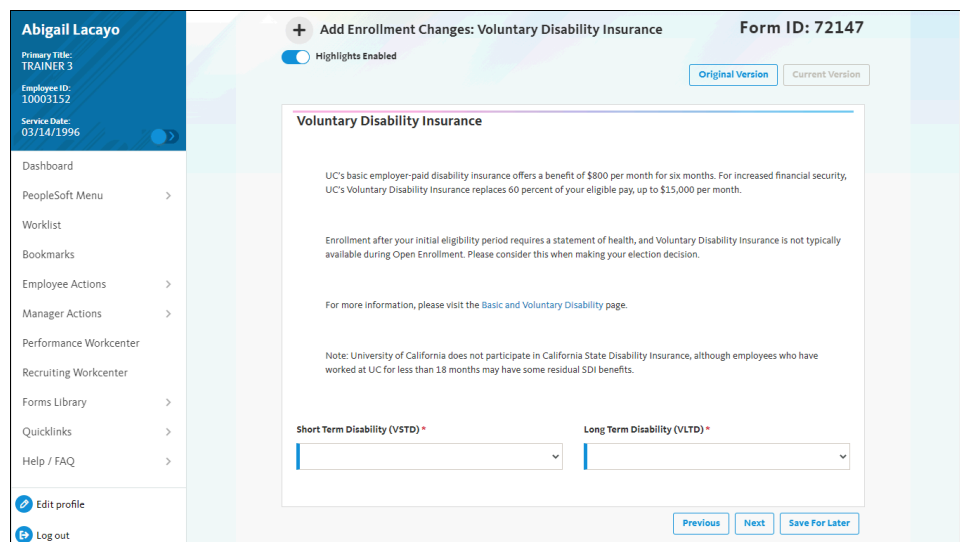
Step	Action
92.	Click the scrollbar.


UCPath Task:
Benefits eForms: Submit Form for Newly
Eligible-New Hire

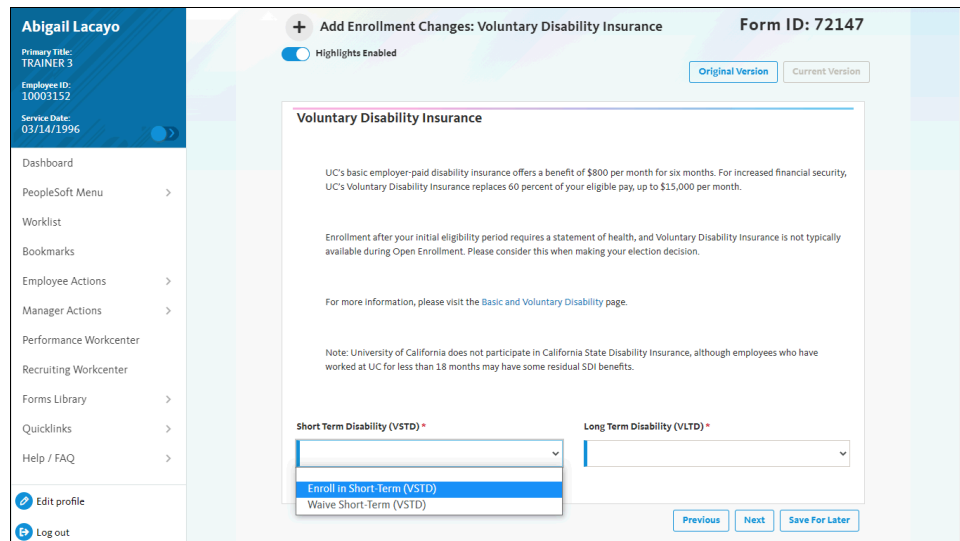
Step	Action
93.	Click the button to the right of the Dependent Life field. 



Step	Action
94.	Click the Enroll list item. 
95.	Click the Next button. 



Step	Action
96.	Click the button to the right of the Short Term Disability (VSTD) field. 



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

+ Add Enrollment Changes: Voluntary Disability Insurance Form ID: 72147
Highlights Enabled

[Original Version](#) [Current Version](#)

Voluntary Disability Insurance

UC's basic employer-paid disability insurance offers a benefit of \$800 per month for six months. For increased financial security, UC's Voluntary Disability Insurance replaces 60 percent of your eligible pay, up to \$15,000 per month.

Enrollment after your initial eligibility period requires a statement of health, and Voluntary Disability Insurance is not typically available during Open Enrollment. Please consider this when making your election decision.

For more information, please visit the [Basic and Voluntary Disability](#) page.

Note: University of California does not participate in California State Disability Insurance, although employees who have worked at UC for less than 18 months may have some residual SDI benefits.

Short Term Disability (VSTD) * **Long Term Disability (VLTLD) ***

Enroll in Short-Term (VSTD)
Waive Short-Term (VSTD)

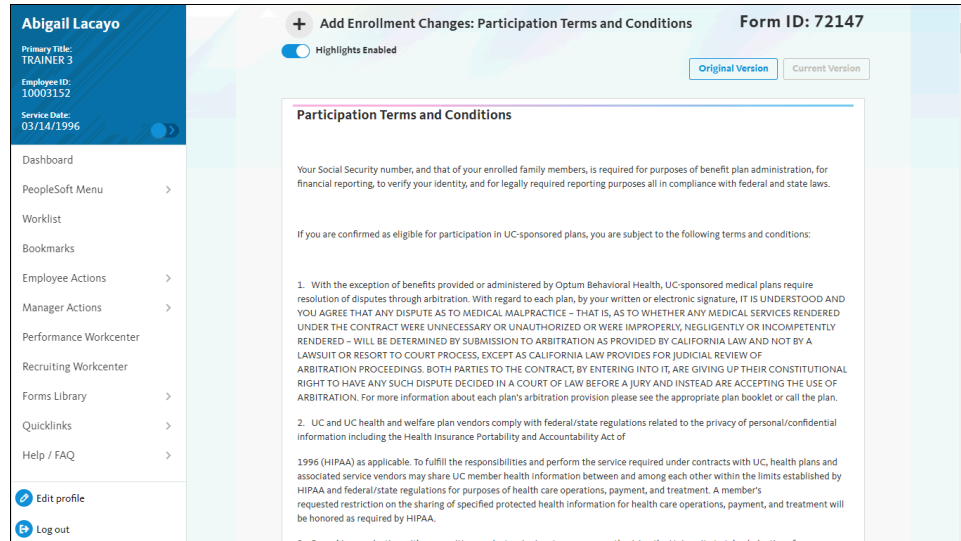
[Previous](#) [Next](#) [Save For Later](#)

UCPath Task:
Benefits eForms: Submit Form for Newly
Eligible-New Hire

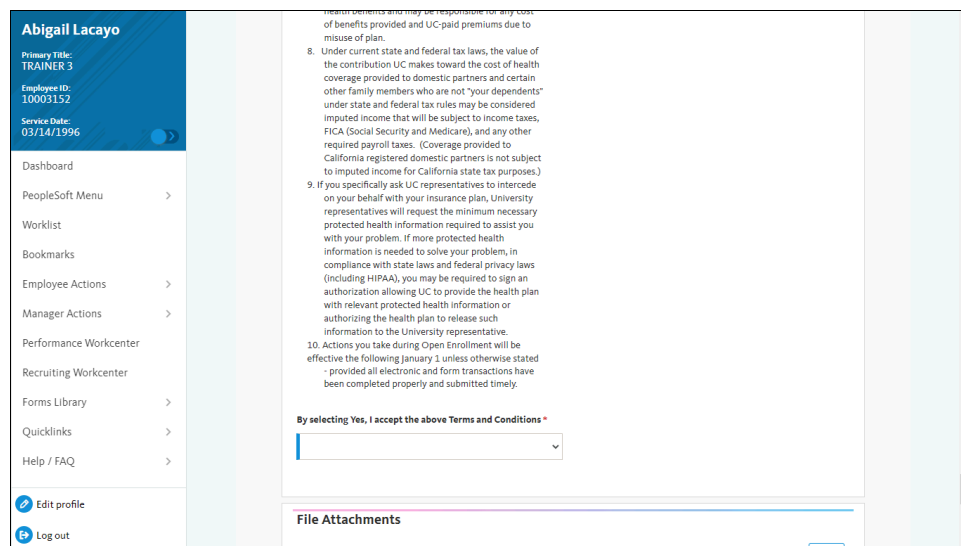
Step	Action
97.	Click the Enroll in Short-Term (VSTD) list item. <div>Enroll in Short-Term (VSTD)</div>
98.	Click the button to the right of the Long Term Disability (VLTD) field. <div>▼</div>

Step	Action
99.	Click the Enroll in Long-Term (VLTD) list item. <div>Enroll in Long-Term (VLTD)</div>


Step	Action
100.	Click the Next button.

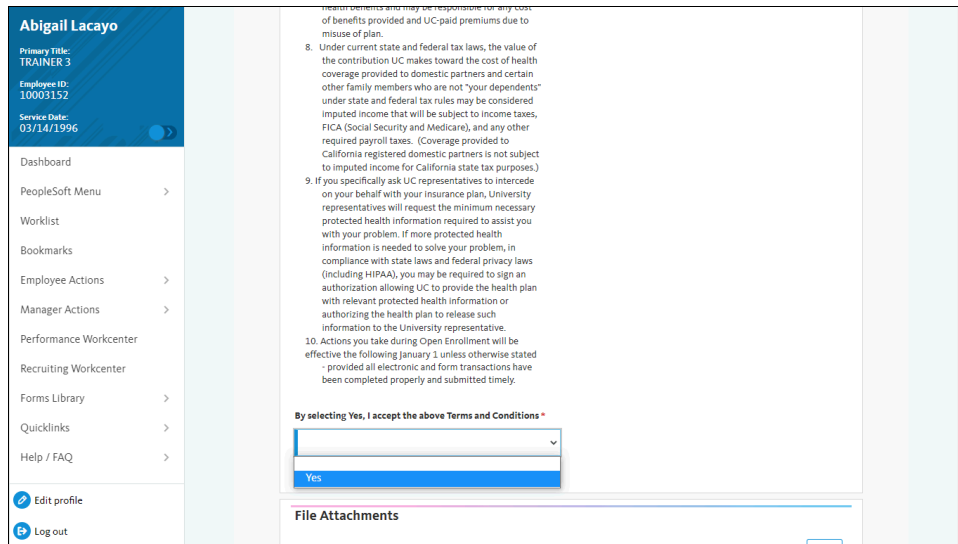


Step	Action
101.	Read all of the Participation Terms and Conditions sections as you scroll down this page. Note: This simulation does not show all of the page content and skips to the next action item.
102.	Click the scrollbar.



UCPath Task:
Benefits eForms: Submit Form for Newly
Eligible-New Hire

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



Abigail Lacayo
 Primary Title: TRAINER 3
 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 >

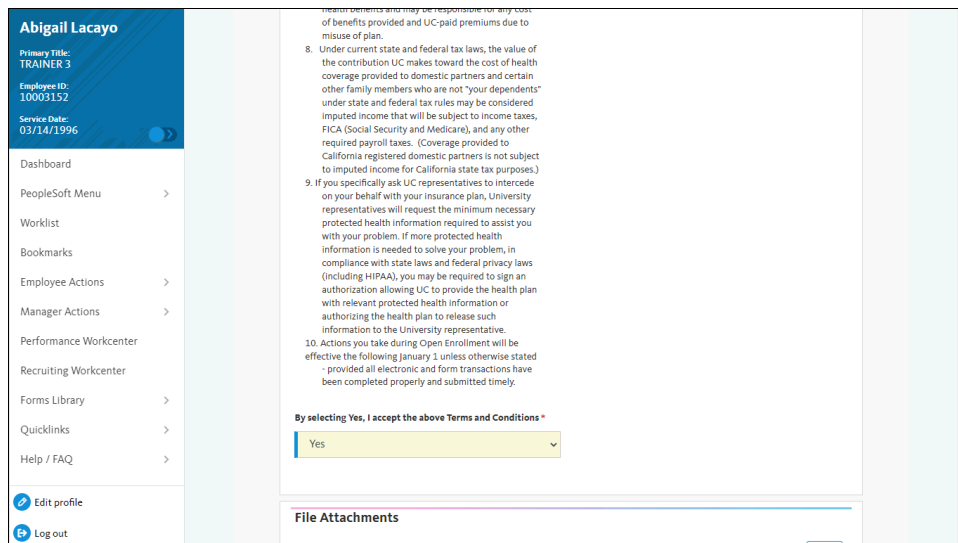
Edit profile
 Log out

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

Yes

File Attachments

Step	Action
104.	Click the Yes list item. 



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

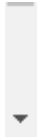
Dashboard
 PeopleSoft Menu >
 Worklist
 Bookmarks
 Employee Actions >
 Manager Actions >
 Performance Workcenter
 Recruiting Workcenter
 Forms Library >
 Quicklinks >
 Help / FAQ >

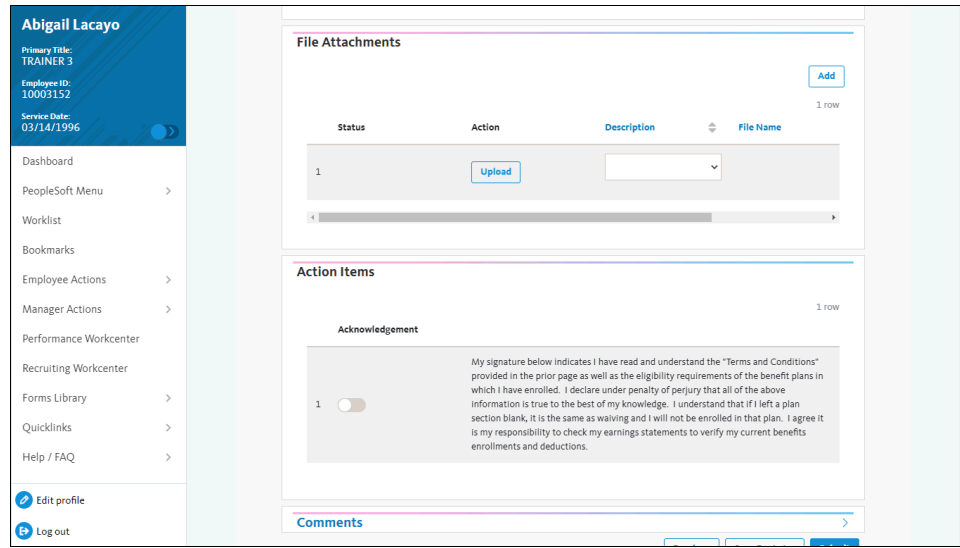
Edit profile
 Log out

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

Yes

File Attachments

Step	Action
105.	Click the scrollbar. 




The screenshot displays the UCPath interface for Abigail Lacayo, Primary Title: TRAINER 3, Employee ID: 10003152, Service Date: 03/14/1996. The left sidebar contains navigation links: Dashboard, PeopleSoft Menu, Worklist, Bookmarks, Employee Actions, Manager Actions, Performance Workcenter, Recruiting Workcenter, Forms Library, Quicklinks, Help / FAQ, Edit profile, and Log out.

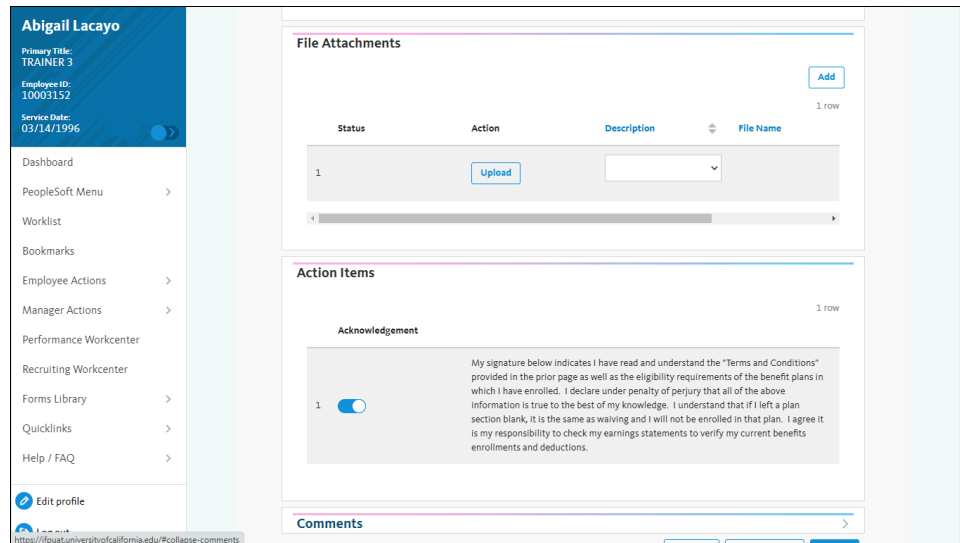
The main content area shows the 'File Attachments' section with a table containing one row. The table has columns for Status, Action, Description, and File Name. The row contains the number '1', an 'Upload' button, a dropdown menu, and a file name field. Below the table is a scrollbar.

The 'Action Items' section shows an 'Acknowledgement' item with a toggle switch and a text area containing a declaration: '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.'

At the bottom, there is a 'Comments' section with a text area and a 'Submit' button.

UCPath Task:
Benefits eForms: Submit Form for Newly
Eligible-New Hire

Step	Action
106.	Click the Upload button to attach a file to the eForm, if needed.
107.	For multiple file attachments, click the Add button to add a new row for each file upload.
108.	Click the Acknowledgement button. 



Abigail Lacayo
 Primary Title: TRAINER 3
 Employee ID: 10003152
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Dashboard
 PeopleSoft Menu >
 Worklist
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 Forms Library >
 Quicklinks >
 Help / FAQ >

Edit profile

<https://pust.universityofcalifornia.edu/#collapse-comments>

File Attachments

Add

Status	Action	Description	File Name
1	Upload		

1 row



Action Items

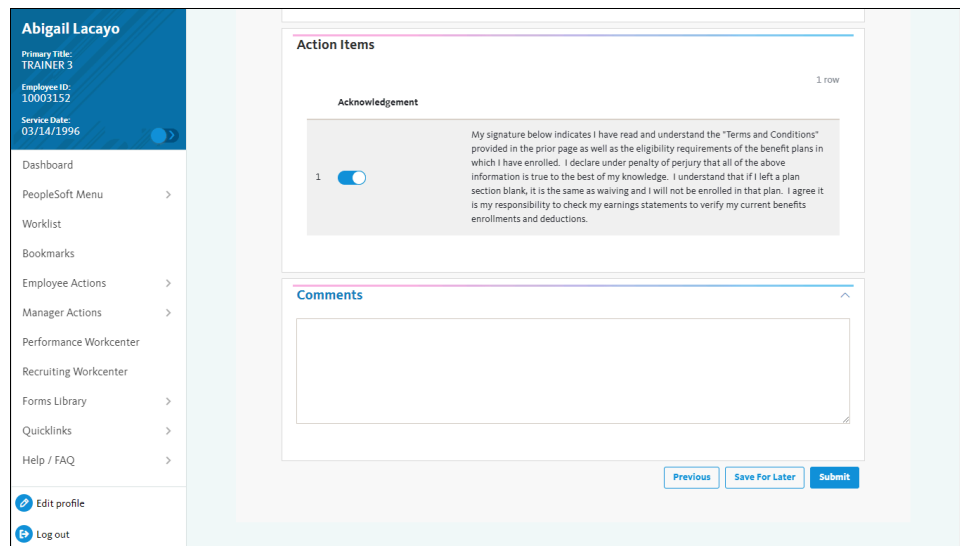
Acknowledgement

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

Step	Action
109.	Click the button to the right of the Comments field to open the comments text box. 
110.	Click the scrollbar. 



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

Action Items 1 row

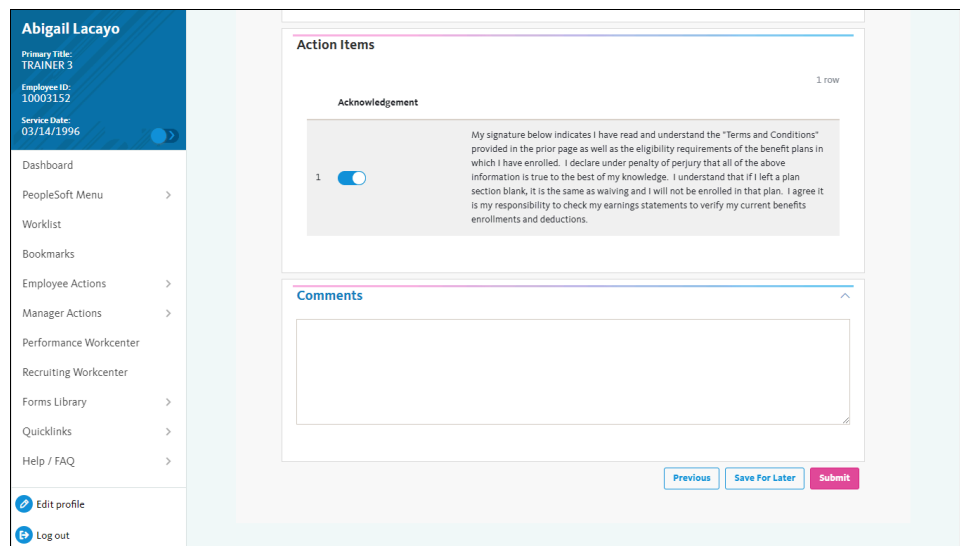
Acknowledgement

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](#)

Step	Action
111.	If needed, add comments to the form prior to submitting.



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

Action Items 1 row


Acknowledgement

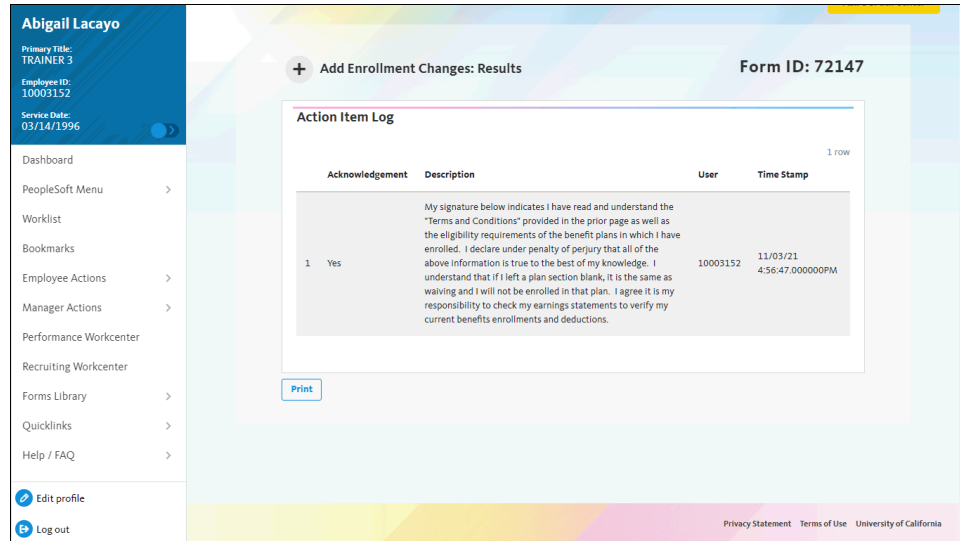
1 ☒ My signature below indicates I have read and understand the "Terms and Conditions" provided in the prior page as well as the eligibility requirements of the benefit plans in which I have enrolled. I declare under penalty of perjury that all of the above information is true to the best of my knowledge. 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](#)

UCPath Task:
Benefits eForms: Submit Form for Newly
Eligible-New Hire

Step	Action
112.	Click the Submit button. 



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

Dashboard
PeopleSoft Menu >
Worklist
Bookmarks
Employee Actions >
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Performance Workcenter
Recruiting Workcenter
Forms Library >
Quicklinks >
Help / FAQ >
Edit profile
Log out

+ Add Enrollment Changes: Results **Form ID: 72147**

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	11/03/21 4:56:47.000000PM

Print

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Step	Action
113.	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.
114.	You have completed a Benefits eForm as a Newly Eligible/New Hire employee. End of Procedure.