

Use this task to submit a marriage life event in UCPath.

Marriage, birth, adoption, divorce and benefit changes for AD&D, disability insurance or life insurance can be made by the employee via **Employee Actions** within designated time periods of the specific event. Benefit changes related to a loss or gain of outside coverage are not allowed in **eBenefits Employee Actions**. Employees must contact the UCPath Center for benefit changes related to loss or gain of outside coverage, such as with a spouse.

Dashboard Navigation:

Health and Welfare > Life Events / Benefit Changes *or* Menu Navigation: Employee Actions > Health and Welfare > Life Events / Benefit Changes

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.

| John Doe | | Search | Q 😡 Bookmark 🚯 Log out 🔺 |
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| Primary Title: SVP CCAO | | | |
| Employee ID: 10000007 | | | Ask UCPath Center |
| Service Date: 06/09/2014 | | | |
| Das 🗧 🗧 < Health and Welfare | SECURITY QUESTION Please confirm your identity by answering the following security question. | | |
| Peo Per: Benefits Summary | | | |
| Wo Lea Dependent Covera | Who is your childhood best friend? | | |
| Emj Hea Life Events / Benef | | | |
| For Inco Enroll in Benefits | | | |
| Qui Ret Using Your Benefits | Submit | | |
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| Ø Edit profile | | | Help |
| Log out | curityOuestions-BS3/security-challenge.aspx?referringTarget=%2fIF%2fSUCS8J%2fInFlightViewer1% | 270% MariainalPassate 20icalad an e | |

| Step | Action |
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| 1. | Before you enter a life event or benefits change, you must validate your identity. UCPath randomly displays one of the security questions set up on your profile. Click in the Security Question field. |
| | For this example click in the Who is your childhood best friend? field. |
| 2. | Enter the desired information into the Security Question field. |
| | For this example, enter Molly. |



| Step | Action | | | |
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| 3. | Your answer appears as a series of dots. | | | |
| | Click the Submit button. | | | |
| | Submit | | | |

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|---|---|
| Primary Title: SVP CCAO | |
| Employee ID: 10000007 | Ask UCPath Center |
| Service Date: 06/09/2014 | LIFE EVENTS |
| Das < E < Health and Welfare Peo Per: Benefits Summary | Life Events A <i>life event</i> is a change that initiates a new Period of Initial Eligibility (PIE), to enroll in, or make changes to, your UC benefits when family status changes occur (marriage, domestic partnership, birth, adoption or divorce) or, in some cases, after you or an eligible family member experience an involuntary loss of non-UC health coverage. |
| Wo Lea Dependent Covera | Remember: You have only 31 days from the date your new family member becomes eligible to make any permitted plan changes. |
| Emp Hea <mark>Life Events / Benef</mark> For Inco Enroll in Benefits | Benefit Changes Certain changes Certain changes to your benefits can be made at any time, without a Statement of Health/Evidence of Insurability, whether or not a <i>life event</i> has taken place. These changes Include enrolling in or changing the coverage amount of AD&D insurance, increasing your Supplemental Disability waiting period, decreasing your Supplemental Life insurance coverages amount, or enrolling a child in Dependent Life insurance. |
| Qui Ret Using Your Benefits | Select Your Event |
| Hel | Employee |
| | O Marriage |
| | O Birth |
| | Adoption |
| | O Divorce |
| | Benefit Changes for AD & D, Disability or Life |
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| Step | Action |
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| 4. | If you answer the question correctly, UCPath displays the Life Events page, and you can make your changes. |
| | If you answer incorrectly, an error message appears. You have three attempts to answer this question correctly. After three incorrect answers, UCPath displays the Security Questions Setup page. You must provide your date of birth and the last four digits of your Social Security number to validate your identity and then update your security questions and answers. |



| John Doe | | |
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| rimary Title: VP CCAO mployee ID: .0000007 | Ask UCPath Center | |
| ervice Date: 16/09/2014 | LIFE EVENTS | |
| Das 🗧 E < Health and Wel | Fare A life Events A life event is a change that initiates a new Period of Initial Eligibility (PIE), to enroll in, or make changes to, your UC benefits when family status changes occur (marriage, | |
| Peo Per: Benefits Summary | demontic partnership bith adentice or diverse) or in some cases often you or an eligible family member experience an involuntary loss of pany UC health coverage | |
| No Lea Dependent Covera | Remember: You have only 31 days from the date your new family member becomes eligible to make any permitted plan changes. | |
| imj Hea <mark>Life Events / Benef</mark> | Certain changes to your benefits can be made at any time, without a Statement of Health/Evidence of Insurability, whether or not a <i>life event</i> has taken place. These changes | |
| ori Inco Enroll in Benefits | include enrolling in or changing the coverage amount of AD&D insurance, increasing your Supplemental Disability waiting period, decreasing your Supplemental Life insurance coverage amount, or enrolling a child in Dependent Life insurance. | |
| Qui Ret Using Your Benefit | s Select Your Event | |
| lel | Employee | |
| | O Marriage | |
| | Birth | |
| | Adoption | |
| | O Divorce | |
| | Benefit Changes for AD & D, Disability or Life | |
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| Step | Action |
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| 5. | In this scenario, the employee recently got married. The employee must update emergency contact, tax and dependent information and update their benefit plan coverages for the new spouse/domestic partner. |
| 6. | Use the Life Events page to enter benefits changes related to a marriage or domestic partnership. You have 31 days from the date of the event to make any permitted plan changes. |
| 7. | Click the Marriage option. |

| John Doe | | 😥 Log out |
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| Primary Title: SVP CCAO Employee ID: | | Ask UCPath Center |
| 10000007 Service Date: 06/09/2014 | Change Status Date To initiate this transaction, the application requires you first enter the Event Date that applies to this change: | |
| Das 🦿 🗧 🗧 Health and Welfare | For marriage, enter your date of marriage For birth, enter your newborn's date of birth | |
| Peo Per Benefits Summary | For adoption, enter the earlier of the date the child was placed with you, or | |
| Wo Lea Dependent Covera | the date you have the legal right to control the child's health care For divorce, enter the date your divorce was finalized | |
| Emp Hea Life Events / Benef | If more than 60 days, contact the UCPath Service Center at 1-855-9UC-PATH (1-855-982-7284) for assistance For benefit changes to AD&D, Disability or Life, enter today's date | |
| For Inco Enroll in Benefits | Enter the appropriate date, then click OK to continue. | |
| Qui Ret Using Your Benefits | Remember: You have only 31 days from the event date to make any permitted plan changes. | |
| Hel | Status Change Date | |
| | *Date Change Will Take Effect | |
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| | CANCEL | |
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| 8. | Click in the Date Change Will Take Effect field. |
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| 9. | Use the calendar to enter the date of the marriage or domestic partnership. In this example, the date will be entered for you. |
| 10. | Click the OK button. |

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| Primary Title: SVP CCAO | | | | | Ask UCPath Center |
| Employee ID: 10000007 | | | | | |
| Service Date: 06/09/2014 | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Das < t < Health and Welfare Peo Per Benefits Summary Wo Lea Dependent Covera Emit Her Life Events / Benefits For Incc Enroll in Benefits Qui Ret Using Your Benefits | John Doe Congratulations on your weddir created a roadmap to help guide For example, you can enroll you | e Marriage Event gl Once the ceremony and celebration you through a list of changes you show rew family member(s) in medical, den ng Accounts. In addition, you may also from the menu on the left. | ld consider initiating most can be co tal, vision, AD&D, dependent life, and | expleted within this application. | contributions to the Health and/or |
| 2 Edit profile | | | | | Terms of Use University of California |
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| Step | Action | | |
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| 11. | Use the Cancel button to stop and delete the life event. Use the Continue Later button to save your entries and return later. | | |
| 12. | Click the Show Progress button to see all the steps for this life event. | | |
| | SHOW PROGRESS | | |
| | | | |



| John Doe | CALIFORNIA UCPath | | | | 🕒 Log out |
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| Primary Title: SVP CCAO Employee ID: | | | | | Ask UCPath Center |
| 10000007 Service Date: 06/09/2014 | Step 1 Welcome | JUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Das < E < Health and Welfare | Step 2 Benefit Summary | ria <mark>ge</mark> Event | | | |
| Peo Per: Benefits Summary Wo Lea Dependent Covera | Step 3 Dependent Coverage Summary | | are over, you may want to update y d consider initiating most can be | our benefits and personal informatic completed within this application. | n to reflect this life event. We |
| Emi Hea <mark>Life Events / Benef</mark> | Step 4 Name | | | d legal insurance, and update your o , emergency contacts, tax withholdir | |
| Form Inco Enroll in Benefits Qui Ret Using Your Benefits | Step 5 Home and Mailing Address | ienu on the left. | | | |
| Hel | Step 6 Phone | | | | |
| | Step 7 Emergency Contact | | | | |
| | Step 8 Direct Deposit | | | | |
| Ø Edit profile | Step 9 W4 Tax Information | | | | |
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| Step | Action |
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| 13. | The Show Progress pane guides you through the life event process. Each step is outlined in the pane on the left side of the page. Each step must be completed, including the last step. |
| | A green checkmark indicates the step is complete. An empty gray box indicates the step is incomplete. |
| 14. | Click the Close button to hide the steps. |

| John Doe | | ו | | | 🕒 Log out |
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| Primary Title: SVP CCAO Employee ID: 10000007 | | | | | Ask UCPath Center |
| Service Date: 06/09/2014 | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Das < K Health and Welfare Peo Per Benefits Summary Wo Lea Dependent Covera Em Hez Life Events / Benefits Qui Ret Using Your Benefits Hel Image: Second Sec | John Doe Congratulations on your weddin created a roadmap to help guide For example, you can enroll you | e Marriage Event gloce the ceremony and celebrator you through a list of changes you she new family member(s) in medical, de ng Accounts. In addition, you may abs from the menu on the left. | uld consider initiating most can be ntal, vision, AD&D, dependent life, an | completed within this application. d legal insurance, and update your | contributions to the Health and/or |
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| 15. | Use the Previous and Next buttons to navigate through the transaction steps. |



| 16. Click the Next button. | Step | Action |
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| NEXT | 16. | Click the Next button. |
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| rimary Title: VP CCAO | | | | |
| Employee ID: 10000007 | | | | Ask UCPath Center |
| Service Date: 06/09/2014 | CANCEL COUNTINUE | LATER SHOW PROGRESS | PREV | NEXT |
| Das 🗧 🗧 < Health and Welfare | BENEFITS SUMMARY | | | |
| Peo Per: Benefits Summary | John Doe | | | |
| Wo Lea Dependent Covera | To view your benefits as of another date, enter the date | and apply the change | | |
| Emj Hea Life Events / Benef | To view your benefits as of another date, enter the date | and apply the change | | |
| For Inco Enroll in Benefits | 10/28/2017 | ≝ GO | | |
| Qui Ret Using Your Benefits | Medical Kaiser North | Dental Delta Dental PPO | Vision Vision Service Plan (VSP) | |
| | Self-Only | Self-Only | Self-Only | |
| | View Details > | View Details > | | View Details > |
| Zedit profile | Legal Services | Behavioral Health Optum Behavioral Health-OPTKP | Life Basic Life Anl Salary to \$50K | |
| Edit profile Log out | | Behavioral Health | | View Details > |

| Step | Action |
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| 17. | On the Benefits Summary page, review your current benefits elections. |
| | Click the Next button. |
| | NEXT |

| John Doe | | I | | | 🕒 Log out |
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| Primary Title: SVP CCAO Employee ID: 10000007 | | | | | Ask UCPath Center |
| Service Date: 06/09/2014 | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Das < 🛙 < Health and Welfare | DEPENDENT C | COVERAGE SUM | MARY | | |
| Peo Per: Benefits Summary | John Doe | | | | |
| Wo Lea Dependent Covera | To view your benefits as of anoth | er date, enter the date and select Go. | | | |
| Emp Hea Life Events / Benef | 10/28/2017 | | ∰ GO | | |
| For Inco Enroll in Benefits | You have no benefit enrollment | s as of the date entered. | | | |
| Qui Ret Using Your Benefits | | | | | |
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| Step | Action |
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| 18. | On the Dependent Coverage Summary page, review your current benefits coverage for each of your dependents. Click the Next button. |
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| rrimary Title: SVP CCAO | | | | | Ask UCPath Center |
| mployee ID: 10000007 | | | | | |
| ervice Date: 06/09/2014 | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Das < E < Health and Welfare | NAME CHANGE | | | | |
| Peo Per: Benefits Summary | Enter your new name and select Submi Note: You may be required to send proc | of of the name change to Huma | | | |
| Vo Lea Dependent Covera | US Employees: All name changes must | match the name provided on y | our social security card. | | |
| mj Hea Life Events / Benef | Current Nam | e John Doe | | | |
| on Inco Enroll in Benefits | New Nam | e John Doe 🖋 | | | |
| Qui Ret Using Your Benefits | Change As O | f 11/02/2017 | # | (example: 12/31/2000) | |
| Hel | Name Forma | t English | | | ~ |
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| Step | Action |
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| 19. | If you have legally changed your name as a result of the life event, use the Name Change page to update your name if you have not already done so in your Personal Information Summary. Click the Edit New Name button (pencil icon) to update your name and then submit the changes on this page. There is no name change for this example. Click the Next button. |



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| Primary Title: SVP CCAO Employee ID: 10000007 | | | | Ask UCPath Center |
| Service Date: 06/09/2014 | CANCEL COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Das 🦿 🗧 < Health and Welf | ADDRESSES | | | |
| Peo Per: Benefits Summary | John Doe | | | |
| Wo Lea Dependent Covera. | 125 Main Street | | | |
| Emj Hea Life Events / Benef. | Oakland, CA 94610 Current 02/19/2002 | | | Home |
| For Inco Enroll in Benefits | Address Type Select an Option | ~ | ADD | |
| Qui Ret Using Your Benefit: | Select an option | | NUU | |
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| 20. | Use the Addresses page to review and update your address as necessary. | | | |
| | Click the Next button. | | | |
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| imary Title: /P CCAO iployee ID:)000007 | | | | Ask UCPath Center |
| rvice Date: 5/09/2014 | CANCEL COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| as 🗧 🗧 < Health and Welfare | PHONE NUMBERS | | | ADD PHONE |
| Per: Benefits Summary | John Doe Enter your phone numbers. | | | |
| Hea Life Events / Benef | 510/987-9999 Business - Primary | | | > |
| n Inco Enroll in Benefits | 510/846-9999 Mobile - Work | | | > |
| 21 | 510/663-9999 Home | | | > |
| | 510/987-9999 🜟 Work - Other Location | | | > |
| | SAVE | | | |
| Edit profile | | | | |
| Log out | | | | €,100% |



| Step | Action |
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| 21. | Use the Phone Numbers page to review and update your phone numbers as necessary. |
| | To review your progress, click the Show Progress button. SHOW PROGRESS |
| | |

| John Doe | | | | | 🕒 Log ou |
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| Primary Title: SVP CCAO Employee ID: 10000007 | | | | | Ask UCPath Center |
| Service Date: 06/09/2014 | Velcome | DUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Das < E < Health and Welfare | Step 2 Benefit Summary | | | | ADD PHONE |
| Peo Per: Benefits Summary Wo Lea Dependent Covera | Step 3 Dependent Coverage Summary | | | | |
| Emj Hea Life Events / Benef | Step 4 | | | | > |
| For Inco Enroll in Benefits Qui Ret Using Your Benefits | Step 5 Home and Mailing Address | | | | > |
| Hel | Step 6 Phone | > | | | > |
| | Step 7 Emergency Contact | | | | > |
| | Step 8 Direct Deposit | | | | |
| 🖉 Edit profile | Step 9 W4 Tax Information | | | | |
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| Step | Action |
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| 22. | You have completed five steps and are currently on Step 6 . |
| 23. | Click the Close button to hide the steps. |

| John Doe | | UNIVERSITY OF CALIFORNIA UCPat | h | | | 😝 Log out |
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| Primary Title: SVP CCAO Employee ID: 10000007 | | | | | | Ask UCPath Center |
| Service Date: 06/09/2014 | | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Das < E < He | ealth and Welfare | PHONE NUM | BERS | | | ADD PHONE |
| Peo Per Benef | fits Summary | John Doe | | | | |
| No Lea Deper | ndent Covera | Enter your phone numbers. | | | | |
| | vents / Benef | 510/987-9999 Business - Primary | | | | > |
| | l in Benefits | 510/846-9999 | | | | > |
| Qui Ret Using | y Your Benefits | Mobile - Work | | | | |
| Hel | | 510/663-9999 Home | | | | > |
| | | 510/987-9999 ★ | | | | > |
| | | Work - Other Location | | | | |
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| 24. | Click the Next button. |
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| rimary Title: VP CCAO | | | | Ask UCPath Center |
| mployee ID: 0000007 | | | | |
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| Das 🦿 🗧 🗧 Health and Welfare | EMERGENCY CONTACT | ſS | | ADD |
| eo Per: Benefits Summary | John Doe | | | |
| Vo Lea Dependent Covera | | | | |
| mj Hea Life Events / Benef | Will Thompson 🚖 Other Relative | | | > |
| on Inco Enroll in Benefits | | | | |
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| 25. | Use the Emergency Contacts page to review and update your emergency contact information as necessary. |
| | In this example, add the spouse as the primary emergency contact. |
| | Click the Add button. |



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| 26. | Click in the Contact Name field. |
| 27. | Enter the desired information into the Contact Name field. For this example, enter Lily Doe . |
| 28. | Click the button to the right of the Relationship to Employee field. |
| 29. | Click the Spouse list item. |
| 30. | Click the Set as my primary contact option. |
| 31. | Click the Use Employee Address option to indicate the emergency contact has the same address as the employee. Use Employee Address |
| 32. | The address details appear. |
| | Click the scroll bar. |



| John Doe | Contact Name * | Lily Doe | |
|------------------------------|----------------------------|--------------------------------------|--------|
| Primary Title: SVP CCAO | Relationship to Employee * | Spouse 🗸 | |
| Employee ID: 10000007 | Primary Contact | Set as my primary contact | |
| Service Date: 06/09/2014 | Address | | |
| Das 🤄 E < Health and Welfare | | | |
| Peo Per: Benefits Summary | My Addresses | Use Employee Address | |
| Wo Lea Dependent Covera | Address Type | Home | |
| Emp Hea Life Events / Benef | Country | United States | |
| For Inco Enroll in Benefits | Address | 123 Main Street Oakland, CA 94610 | |
| Qui Ret Using Your Benefits | | Camano, CA 24010 | |
| Hel | Phone | | |
| | My Numbers | Use Employee Phone Number | |
| | Telephone | Extension | |
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| Edit profile | Alternate Phone Numbers | | |
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| 33. | Click in the Telephone field. |
| 34. | Enter the desired information into the Telephone field. For this example, enter 9254209999 . |
| 35. | Click the scroll bar. |

| | n D | | Address Type | Home | ~ |
|---|------|--------------------------------------|-------------------------|---|----------------|
| Primary Title: SVP CCAO Employee ID: 10000007 Service Date: 06/09/2014 | | D: 17 | Country Address | United States 123 Main Street Oakland, CA 94610 | |
| Das | | Health and Welfare | Phone | | |
| ^v eo | | Benefits Summary Dependent Covera | My Numbers | Use Employee Phone Number | |
| Emp | | | Telephone | 9254209999 x Extension | |
| Qui | | | Alternate Phone Numbers | | |
| Hel | | | | ADD NUMBER | |
| | | | SAVE | CANCEL | |
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| 36. | Click the Save button. | |
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| Primary Ti SVP CCA Employee 1000000 | ID: | | | | | Ask UCPath Center |
| Service Da 06/09/2 | te: 2014 | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Das < | E < Health and Welfare | SAVE CONFIRMATION | | | | |
| Peo Pe | Benefits Summary | The Save was successful. | | | | |
| Wo Le | a Dependent Covera | | | | | |
| Emp He | ea Life Events / Benef | ок | | | | |
| Fori In | C Enroll in Benefits | | | | | |
| Qui Re | Using Your Benefits | | | | | Terms of Use University of California |
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| 37. | Click the OK button. |
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| imary Title: /P CCAO iployee ID: 1000007 | | | | | Ask UCPath Center |
| rvice Date: 5/09/2014 | CANCEL COUN | NTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| as < E < Health and Welfare | EMERGENCY CONTA | ACTS | | | ADD |
| Per: Benefits Summary Lea Dependent Covera | John Doe | | | | |
| Hea Life Events / Benef | Will Thompson Other Relative | | | | > |
| n Inco Enroll in Benefits | Lily Doe 🔶 Spouse | | | | > |
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| Step | Action | |
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| 38. | The spouse is now the primary emerge | ncy contact. |
| | Click the Next button. | |
| | NEXT | |
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| John Doe | | 😝 Log out |
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| Primary Title: SVP CCAO (mployee ID: L0000007 | | Ask UCPath Center |
| iervice Date: D6/09/2014 | CANCEL COUNTINUE LATER SHOW PROGRESS PREV | NEXT |
| Das 🗧 🗧 🗲 Health and Welfare | DIRECT DEPOSIT | ADD ACCOUNT |
| eo Per: Benefits Summary | John Doe | |
| /o Lea Dependent Covera | Review, add or update direct deposit information. You can add up to three direct deposit accounts. The total direct deposit must add to Routing Number through the look up prompt provided, please contact Payroll Services at 855/982-7284. None of your changes will save | |
| mj Hea Life Events / Benef | 999 Checking | |
| on Inco Enroll in Benefits | Account: 99999999999 Routing: 121000358 Balance of Net Pay | |
| | | |
| Qui Ret Using Your Benefits | I authorize the University of California to initiate credits and/or debits to my account. I acknowledge and confirm that the direct correct. Debits shall be initiated only to effect appropriate adjustments against a prior credit made for the same pay date. Debit to for University salary overpayments and to respond to mandatory court orders. | |
| tel | correct. Debits shall be initiated only to effect appropriate adjustments against a prior credit made for the same pay date. Debit to | ransactions are limited to reductions incorrect information and wish to to take effect, subject to banking and |
| | correct. Debits shall be initiated only to effect appropriate adjustments against a prior credit made for the same pay date. Debit t for University salary overpayments and to respond to mandatory court orders. Note: Employees can only edit their Direct Deposit account information once per day. UCPC ES will need to be contacted if you enter update your account the same day. Any changes, additions or deletions to direct deposit information may take up to two pay periods payroil deadlines. If you are cancelling your direct deposit entirely, once the cancellation is deficient, all future payments will be made | ransactions are limited to reductions incorrect information and wish to to take effect, subject to banking and |

| Step | Action |
|------|--|
| 39. | Use the Direct Deposit page to review and update your banking information as necessary. |
| | Click the Next button. |
| | NEXT |

| ohn Doe | GALLORNIA UCPath | | | 🕞 Log out |
|-----------------------------|---|--|---|----------------------------------|
| rimary Title: VP CCAO | | | | |
| mployee ID: 0000007 | | | | Ask UCPath Center |
| ervice Date: 6/09/2014 | CANCEL COUT | NTINUE LATER SHOW PROGRESS | PREV | NEXT |
| as < E < Health and Welfare | FEDERAL W-4 TAX IN | FORMATION | | |
| eo Per: Benefits Summary | John Doe | | | |
| /o Lea Dependent Covera | University of California | | | |
| mj Hea Life Events / Benef | John Doe | Home Address | | |
| on Inco Enroll in Benefits | SSN: 555-55-5555 Federal Worksheet | 123 Main Street Oakland CA 94610 | | |
| ui Ret Using Your Benefits | | | | |
| tel | | partment can calculate the correct amount of tax to with vances claimed on this form. You may also specify that a ose to have more, or less, tax withheld. | | |
| | Whether you are entitled to claim a certain num of this form to the IRS. | ber of allowances or exemption from withholding is sub | ject to review by the IRS. Your employe | r may be required to send a copy |
| Edit profile | Enter total number of Allowances you are o | laiming 3 | | |
| Log out | Enter Additional Amount, if any, you want v | | | |

| Step | Action |
|------|--|
| 40. | Use the Federal W-4 Tax Information page to reflect your marital status change and update other tax information as necessary. |
| | In this example, update the tax status. |



| Step | Action |
|------|-----------------------|
| 41. | Click the scroll bar. |

| John Doe | | anytime your tax situation changes and you choose to have more, or less, tax withheld. | | |
|---|---------------------|--|--|--|
| rimary Title: SVP CCAO | | Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. | | |
| Employee ID: 10000007 Service Date: 06/09/2014 | | Enter total number of Allowances you are claiming 3 | | |
| | | Enter Additional Amount, if any, you want withheld from each paycheck IRS regulation requires a dollar amount and not percent. | | |
| Das < E < | Health and Welfare | | | |
| Peo Per E | Benefits Summary | Indicate Tax Status SINGLE MARRIED | | |
| No Lea [| Dependent Covera | Check here and select Single status if married but withholding at single rate. Note: if married, but legally separated; or spoore is a nonresident alies, select Single' status. | | |
| imj Hea L | ife Events / Benef | | | |
| on Inco E | nroll in Benefits | Check here if your last name differs from that shown on your social security card. You must cal 1-800-772-1213 for a new card. | | |
| Qui Ret l | Jsing Your Benefits | | | |
| Hel | | Claim Exemption | | |
| | | I claim exemption from withholding for the year 2017 and I certify that I meet BOTH of the following conditions for exemption | | |
| | | Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability. This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. | | |
| | | Check this box if you meet both conditions to claim exempt status. | | |
| Ø Edit profi | le | Under the penalities of perjury, I certify that the number of withholding allowances claimed on this online certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status. I declare that I have examined this online certificate and to the best of my knowledge and | | |
| Log out | | bellef, it is true, correct, and complete. | | |

| Step | Action |
|------|---------------------------|
| 42. | Click the Married button. |
| | MARRIED |
| 43. | Click the scroll bar. |

| | Enter Additional Amount, it any, you want withheld |
|--|---|
| John Doe | from each paycheck IRS regulation requires a dollar amount and not percent. |
| Primary Title: SVP.CCAO Employee ID: 100000007 Service Date: 06/09/2014 | Indicate Tax Status SINGLE MAARABLD Check here and select Single status if married but withholding at single rate. Note: If married, but legally separated, or spouse is a nonresident allen, select Single' status. |
| Das 🗧 🤇 Health and Welfare | Check here if your last name differs from that shown on your social security card. You must call 1-800-772-1213 for a new card. |
| Peo Per Benefits Summary | |
| Wo Lea Dependent Covera | Claim Exemption |
| Emj Hea Life Events / Benef | I claim exemption from withholding for the year 2017 and I certify that I meet BOTH of the following conditions for exemption |
| For Inco Enroll in Benefits Out Ret Using Your Benefits | Least year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability. This year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability. This year I had a right to a refund ALL Federal income tax withheld because I expect to have NO tax liability. |
| Hel | Check this box if you meet both conditions to claim exempt status. |
| nei | Under the penalties of perjury, I certify that the number of withholding allowances claimed on this online certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status. I declare that I have examined this online certificate and to the best of my knowledge and belief, it is true, correct, and complete. |
| | SUBMIT |
| | |
| Zedit profile | |
| Dog out | Terms of Use University of California |

| Step | Action |
|------|---------------------------------|
| 44. | Click the Submit button. |



| Joh | in Do | pe | GALIFORNIA UCPath | ı | | | 😝 Log out |
|--------------|--------------------|----------------------|--|---|---------------|------|---------------------------------------|
| SVP Emple | oyee ID: 00007 | | | | | | Ask UCPath Center |
| | ce Date:)9/201 | | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Das | < 1 | < Health and Welfare | SUBMIT CON | FIRMATION | | | |
| Peo | Per | Benefits Summary | | | | | |
| Wo | Lea | Dependent Covera | The Submit was successful However, due to timing, your | I. change may not be reflected on the ne | vt navcheck | | |
| Emj | Hea | Life Events / Benef | There is a contract of the second sec | enange may not be reneeted on the ne | ne poyencole | | |
| For | Inco | Enroll in Benefits | | | ок | | |
| Qui | Ret | Using Your Benefits | | | | | |
| Hel | | | | | | | Terms of Use University of California |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Ø | Edit pr | rofile | | | | | |
| € | Log ou | ıt | | | | | |
| | | | | | | | 🔍 100% 🔻 |

| Step | Action |
|------|--|
| 45. | A confirmation message appears. Changes may not appear on the next paycheck depending on timing of your changes. |
| | Click the OK button. |

| John Doe | GALLGERMIA UCPath | | | 😝 Log out | ^ |
|--|--|--|------|-------------------|---|
| Primary Title: SVP CCAO Employee ID: 10000007 | | | | Ask UCPath Center | |
| Service Date: 06/09/2014 | CANCEL COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT | |
| Das 🗧 🔍 Health and Welfare | FEDERAL W-4 TAX INFORM | ATION | | | |
| Peo Per: Benefits Summary | John Doe | | | | |
| Wo Lea Dependent Covera | University of California | | | | |
| Emp Hea Life Events / Benef | | Home Address | | | |
| For Inco Enroll in Benefits | | 123 Main Street Oakland CA 94610 | | | |
| Qui Ret Using Your Benefits | | | | | |
| Hel | W-4 Tax Data | | | | |
| | Enter total number of Allowances you are claiming | 3 | | | |
| | Enter Additional Amount, if any, you want withheld from each paycheck | | | | |
| | Inoil each paycheck | regulation requires a dollar amount and not percent. | | | |
| 🧭 Edit profile | Indicate Tax Status | SINGLE MARRIED | | | |
| 😥 Log out | Check here and select Single status if married but withholdi | ng at single rate. | | | ~ |

| Step | Action |
|------|-------------------------------|
| 46. | Click the Next button. |
| | NEXT |
| | |



| John Do | oe | | h | | | 🕒 Log out |
|---|----------------------|---|--|---|----------------------------------|-----------------------------------|
| Primary Title SVP CCAC Employee ID: 10000007 | | | | | | Ask UCPath Center |
| Service Date: 06/09/201 | | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Das < I | < Health and Welfare | CA STATE W- | 4 TAX INFORMA | TION | | |
| Peo Per: | Benefits Summary | John Doe | | | | |
| Wo Lea | Dependent Covera | University of Californi Social Security #: 555-555-5555 | | | | |
| Emj Hea | Life Events / Benef | | | ulate the correct amount of tax to withho | | |
| For Inco | Enroll in Benefits | | and the number of allowances claimed uation changes and you choose to hav | on this form. You may also specify that a e more, or less, tax withheld. | in additional dollar amount be w | ithheld. You can file a new CA |
| Qui Ret Hel | Using Your Benefits | Whether you are entitled to cla of this form to the IRS. | im a certain number of allowances or | exemption from withholding is subject to | review by the IRS. Your employ | er may be required to send a copy |
| | | Copy Federal W-4 | | | | |
| | | Check this box if you wo state. | uld like your marital status and allowa | nces claimed (including any additional al | lowances) on the federal Form W | V-4 used to populate your CA |
| 🤌 Edit pr | rofile | CA State W-4 Tax | Data | | | |
| 😥 Log ou | ut | Indicate Tax Status | | | | |
| | | SINGLE MARRIED | HEAD OF HOUSEHOLD | | | 100% |

| Step | Action |
|------|--|
| 47. | Use the CA State W-4 Tax Information page to reflect your marital status change and update other tax information as necessary. In this example, update the tax status and change the number of allowances. |
| 48. | Click the scroll bar. |

| ohn D | oe 👘 | CA State W-4 Tax Data | |
|-----------------------|----------------------|---|--|
| imary Title | | Indicate Tax Status | |
| VP ĆCAC | | SINGLE MARRIED HEAD OF HOUSEHOLD | |
| mployee ID 0000007 | | Generally, you may claim "Head of Household" filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependents(s) or other qualifying individuals. | |
| rvice Date 6/09/20 | | CA STATE WORKSHEET | |
| as < I | < Health and Welfare | Enter the total number of allowances being claimed: | |
| Peo Pen | Benefits Summary | Enter additional amount: | |
| Wo Lea | Dependent Covera | (per pay period) | |
| imj Hea | Life Events / Benef | Enter additional allowances: 1 | |
| on Inco | Enroll in Benefits | (CA Form DE 4 line 2) | |
| Qui Ret | Using Your Benefits | I claim exemption from withholding for the year 2017 and I certify that I meet BOTH of the following conditions for exemption | |
| lel | | 1. Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability. | |
| | | 2. This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. | |
| | | Check this box if you meet both conditions to claim exempt status. | |
| | | Under the penalties of perjury, I certify that the number of withholding allowances claimed on this online certificate does not exceed the number to which I am entitled or, If claiming exemption from withholding, that I am entitled to claim the exempt status. I declare that I have examined this online certificate and to the best of my knowledge and belief, it is true, correct, and complete. | |
| | | SUBMIT | |
| 🤌 Edit p | rofile | | |
| Log or | ut | | |
| | | %,100% | |

| Step | Action |
|------|----------------------------------|
| 49. | Click the Married button. |
| | MARRIED |



| Step | Action |
|------|--|
| 50. | Click in the Enter the total number of allowances being claimed field. |
| | 1 |
| 51. | Enter the desired information into the Enter the total number of allowances being claimed field. For this example, enter 2 . |
| 52. | Click the Submit button. |

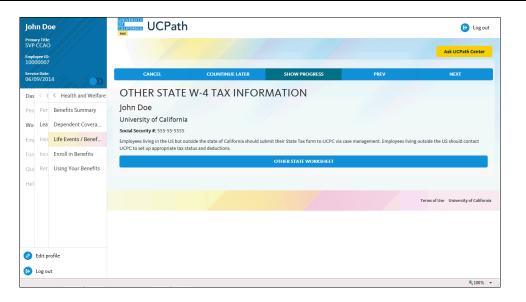
| John Doe | OF CALIFORNIA UCPath | | | | 😝 Log out |
|--|--|---------------------------------|---------------|------|---------------------------------------|
| Primary Title: SVP CCAO Employee ID: 10000007 | | | | | Ask UCPath Center |
| Service Date: 06/09/2014 | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Das 🤄 E < Health and Welfare | SUBMIT CONFIRM | ATION | | | |
| Peo Per: Benefits Summary | | | | | |
| Wo Lea Dependent Covera | The Submit was successful. However, due to timing, your change management | ay not be reflected on the next | paycheck | | |
| Emj Hea Life Events / Benef | | , | | | |
| For Inco Enroll in Benefits | | | ок | | |
| Qui Ret Using Your Benefits | | | | | |
| Hel | | | | | Terms of Use University of California |
| | | | | | |
| | | | | | |
| Edit profile | | | | | |
| Log out | | | | | |
| | | | | | 🔍 100% 🔻 |

| Step | Action |
|------|---|
| 53. | A confirmation message appears. Changes may not appear on the next paycheck depending on timing of your changes. Click the OK button. |

| John Doe | CONVERSES UCPath | - |
|--|--|---|
| Primary Title: SVP CCAO Employee ID: 10000007 | Ask UCPath Center | |
| Service Date: 06/09/2014 | CANCEL COUNTINUE LATER SHOW PROGRESS PREV NEXT | |
| Das 🗧 🗧 < Health and Welfare | CA STATE W-4 TAX INFORMATION | |
| Peo Per: Benefits Summary | John Doe | |
| Wo Lea Dependent Covera | University of California Social Security #:555-5555 | |
| Emp Hea Life Events / Benef | social security #: 555-55-555 | |
| For Ince Enroll in Benefits | Copy Federal W-4 | |
| Qui Ret Using Your Benefits Hel | Check this box if you would like your marital status and allowances claimed (including any additional allowances) on the federal Form W-4 used to populate your CA state. | |
| | CA State W-4 Tax Data | |
| | Indicate Tax Status | |
| | SINGLE MARRIED HEAD OF HOUSEHOLD | |
| | Generally, you may claim "Head of Household" filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependents(s) or other qualifying individuals. | |
| Ø Edit profile | | |
| 🚯 Log out | M GASHATE WORKSHEET | |
| | \$,100% | - |



| Step | Action | |
|------|-------------------------------|--|
| 54. | Click the Next button. | |
| | NEXT | |



| Step | Action |
|------|--|
| 55. | If necessary, update your Other State W-4 Tax Information to reflect your marital status change. Click the Next button. |
| | NEXT |

| John Doe | GALICORNIA GALICORNIA Test | ו | | | 😥 Log out |
|--|---|---|---------------|------|---------------------------------------|
| Primary Title: SVP CCAO Employee ID: 10000007 | | | | | Ask UCPath Center |
| Service Date: 06/09/2014 | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Das < E < Health and Welfare Peo Per: Benefits Summary Wo Lea Dependent Covera | Now we're ready to prepare you eligibility for benefits, and deter | Tent r benefit options, based upon the Life E mine whether changes to your existing | | | |
| Emi Hei Life Events / Benef For Inco Enroll in Benefits | START MY ENROLLMENT | | | | |
| Qui Ret Using Your Benefits Hel | | | | | Terms of Use University of California |
| | | | | | |
| Edit profile Log out | | | | | |
| | | | | | 🔍 100% 👻 |



| Step | Action |
|------|--|
| 56. | Change you benefit and coverage options as needed. |
| | Click the Start My Enrollment button. START MY ENROLLMENT |

| John D | oe | | h | | | 🕒 Log out | ıt | |
|--|----------------------|---|---|---|-----------------------------------|------------------------------------|----|--|
| Primary Title: SVP CCAO Employee ID: 10000007 | | | | | | | | |
| ervice Date 6/09/20 | | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT | | |
| Das < 1 | < Health and Welfare | BENEFITS EN | ROLLMENT | | | | | |
| eo Per | Benefits Summary | John Doe | Doe | | | | | |
| Vo Lea | Dependent Covera | | ment section. Congratulations! You and e either been directed to this page or n | I your family now have an opportunity t | o enroll in benefits based on one | e of the newly benefits eligible | | |
| m Hea | Life Events / Benef | | a PIE to enroll in benefits initially, OR | avigated here on your own because | | | | |
| For Inco | Enroll in Benefits | | at enables you to make enrollment char | ges, OR | | | | |
| Qui Ret | Using Your Benefits | Scroll down to view the list of your benefit events below. Do you see the Select button next to an event? If so, that indicates the event is currently open to you for enrollment. Click on Select to begin. | | | | ntly open to you for enrollment. | | |
| Hel | | 90-day Waiting Period You may enroll yourself or | inity now because your other options ar eligible family members at any time in r premiums may need to be paid on an a | medical coverage only with a 90 consec | ıtive calendar day waiting perio | d; coverage is effective after the | | |
| | | | | vhen you can change your medical plan nges you make during OE are effective j | | hortly before OE opens, UC will | | |
| Edit p Log o | | | | to, your UC benefits when family status er experience an involuntary loss of non | | stic partnership, birth, adoption | | |

| Step | Action |
|------|--|
| 57. | The Benefits Enrollment page appears. |
| | Click the scroll bar. |

| John Doe Primay Title: SVP CCAO Employee ID: 10000007 Service Date: 06/09/2014 | Scroll down to view the list of your benefit events below. Do you see the Select button next to an event? If so, that indicates the event is currently open to you for enrollment. Click on Select to begin. Take advantage of this opportunity now because your other options are limited to: 90-day Waiting Period You may enroll yoursaff or eligible family members at any time in medical coverage only with a 90 consecutive calendar day waiting period; coverage is effective after the 90 days have elapsed. Your premiums may need to be paid on an after-tax basis. Open Enrollment | |
|---|--|--|
| Das < I Heath and Welfare Peo Per: Benefits Summary Wo Lea Dependent Covera Em Her Life Events / Benefit For Incc Enroll in Benefits Qui Ret Using Your Benefits Hel | Open Exrollment (OE) is the time each year (typically in the Fall When you can change your medical plan and yign up for other benefits. Shortly before OE opens, UC will launch a dedicated website to guide you through the process. Changes you make during OE are effective january 1 of the following year. UF Event A <i>life event</i> provides no apportunity to enroll in, or make changes to, your UC benefits when family status changes occur (marriage, domestic partnership, birth, adoption or divorce) or, in some cases, after you or an eligible family member experience an involuntary loss of non-UC health & welfare coverage. Hy ou don't see the Select button, you do not currently have an open event allowing you to make enrollment changes. If you think this is in error or have additional questions, contact the UCPath Center at 1:855 9UC-PATH (1:855-982-7284). Open Benefit Events After you use the Select button, it will take a few seconds for your benefits enrollment information to load. Marriage Supe Case Supe Case Su | |
| Edit profile Log out | Terms of Use University of Colifornia # 1005. | |



| Step | Action |
|------|---|
| 58. | The available benefit events appear at the bottom of the page. In this example, the marriage event is open. |
| | Click the Open button. |
| | Open > |
| | |

| John Doe | OF CALIFORNIA UCPath | | | | | 😥 Log out | t | |
|------------------------------|--|----------------------------------|--|----------------------------|----------------------|-------------------|---|--|
| Primary Title: SVP CCAO | | | | | | | | |
| Employee ID: 10000007 | | | | | Ask | Ask UCPath Center | | |
| Service Date: 06/09/2014 | CANCEL COUNTINUE LATER SHOW PROGRESS PR | | | PREV | N | NEXT | | |
| Das 🕤 E < Health and Welfare | MARRIAGE | | | | | | | |
| Peo Per: Benefits Summary | John Doe | | | | | | | |
| Wo Lea Dependent Covera | Marriage | | | | | | | |
| Emj Hea Life Events / Benef | Important: Your choice is summarized be | elow. | | | | | | |
| For Inco Enroll in Benefits | If you are not satisfied with your choice, then select the Cancel Changes button and correct the selections. | | | | | | | |
| Qui Ret Using Your Benefits | If you are satisfied with your choice, then select the OK button to store your choices. | | | | | | | |
| Hel | Your enrollments are not finalized until y | you Submit all your choices from | the Enrollment Summary page. | | | | | |
| | Current Enrollment Sum | nmary | | | | | | |
| | This table summarizes estimated costs pe your behalf.) | er pay period for your new bene | fit choices. (The Employer column displa | ys the amount UC contribut | es to the UC Retiren | nent Plan on | | |
| | Election Summary | | | | | | | |
| | Summarized estimates for new Benefit Electi | ions | Before | Tax After Tax | Total | Employer | | |
| Edit profile | Costs | | 249 | .14 136.69 | 385.83 | 542.27 | | |
| Log out | Your Costs 249.14 136.69 | | | 385.83 | | | | |
| - cog out | | | | | | % 100% | | |

| Step | Action |
|------|---|
| 59. | The Current Enrollment Summary displays your current elections. |
| | Make changes by clicking the Edit button next to each plan. After you make all election changes, return to this page to submit your changes. |
| | Click the scroll bar. |



| ohn Doe | Costs | | 249. | 14 136.69 | 385.83 | 542.27 |
|-----------------------------|------------------------|--------------|---------------------------------------|----------------------------|--------------|--------------|
| | Your Costs | | 249.1 | 4 136.69 | 385.83 | |
| imary Title: /P CCAO | | | | | | |
| nployee ID:)0000007 | Current Benefits Detai | ls | | | | |
| rvice Date: 5/09/2014 | | | | | | |
| as 🔄 E < Health and Welfare | Medical | \mathbf{O} | Dental 🗸 | Vision | | \mathbf{O} |
| Per: Benefits Summary | Kaiser North:Self | | Delta Dental PPO:Self | Vision Servi (VSP):Self | ce Plan | |
| D Lea Dependent Covera | 129.14 Before Tax | | 0.00 Before Tax | 0.00 | | |
| Hea Life Events / Benef | | | | Before Tax | | |
| Inco Enroll in Benefits | | | | | | |
| Ret Using Your Benefits | | _ | | | | |
| 1 | Legal Services | | Behavioral Health | Life | | |
| | Waive | | Optum Behavioral Health-OPTKP:Self | Basic Life | | |
| | | | | | | |
| Edit profile | | | | | | |
| Log out | Supplemental Life | 0 | Sr. Management Life | Pasia Dar | oendent Life | |

| Step | Action |
|------|--|
| 60. | To change Medical coverage, click the Edit button. |

| John Doe | CALIFORNIA UCPath | ۱ | | | 😝 Log out |
|---|---|---------------------------------------|--|--------------|-------------------|
| Primary Title: SVP CCAO Employee ID: 10000007 | | | | | Ask UCPath Center |
| Service Date: D6/09/2014 | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Das 🔨 I 🦿 Health and Welfare | MEDICAL | | | | |
| Peo Per: Benefits Summary | John Doe | | | | |
| Wo Lea Dependent Covera Em Het Life Events / Benef For Inc Enroll In Benefits Qui Ret Using Your Benefits | Medical coverage is one of the n medical plans provide comprehe behavioral health services. The p hospitals and medical groups – Not sure which plan is best for y information. Or, for more in-dep Your enrollment on this page in Health Savings Account Complete your enrollment on th Select an Option | | nt coverage II: Kälser North ye. You will continue with not make a choice. | | |
| | Here are your available options | with your costs per pay period. (Your | cost = full benefit cost – UC contribution) | | |
| Edit profile Log out | Core Plan | UCI | Health Savings Plan | UC Care Plan | |
| - | | | | | € 100% - |

| Step | Action |
|------|----------------------------------|
| 61. | The Medical page appears. |
| | Click the scroll bar. |



| John Doe Primary Title: SVP CCAO | | | | |
|--|------------------------|---|--|--|
| | | Core Plan | UC Health Savings Plan | UC Care Plan |
| Employee II 1000000 | | SELECT PLAN | SELECT PLAN | SELECT PLAN |
| Service Dat 06/09/20 | 014 | Health Net Blue & Gold HMO | Kaiser North | Waive |
| Das < | E < Health and Welfare | | | |
| Peo Pe | Benefits Summary | SELECT PLAN | SELECTED PLAN | SELECT PLAN |
| Wo Lea | a Dependent Covera | | | |
| Emį He | Life Events / Benef | VIEW COST SUMMARY | | |
| Fon Inc | Enroll in Benefits | | | |
| Qui Re | t Using Your Benefits | family members or to determine why a family member ha | s been determined to be ineligible. e reasonable efforts to obtain Social Security nu | m this list, use the Add/Review Family Members button to add new mbers for employees, spouses /domestic partners, and dependents . mber's name. |
| | | Dependent | | |
| | | | | |
| 🧷 Edit | profile | ADD/REVIEW FAMILY MEMBERS | | |
| Edit Log of | | ADD/REVIEW FAMILY MEMBERS | | SAVE AND CONTINUE |

| Step | Action |
|------|---|
| 62. | In this example, add your new dependent to the existing plan, Kaiser North. |
| | Click the Add/Review Family Members button. ADD/REVIEW FAMILY MEMBERS |

| Joh | n De | oe | CALIFORNIA UCPat | h | | | 😥 Log out |
|--------------|-----------------|----------------------|-------------------------|---|-----------------------------|--|--|
| SVP Emple | oyee ID: | | | | | | Ask UCPath Center |
| | e Date)9/20 | | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Das | < 1 | < Health and Welfare | ADD/REVIEW | DEPENDENT | | | |
| Peo | Per | Benefits Summary | John Doe | | | | |
| Wo | Lea | Dependent Covera | | eligible for Benefit Coverage. Select a n | ame to view or modify perso | nal information. To add a dependent or | beneficiary, select the 'Add a dependent |
| Emp | Hea | Life Events / Benef | or beneficiary' button. | | | | |
| For | Inco | Enroll in Benefits | No Dependents on R | ecord | | | |
| Qui | Ret | Using Your Benefits | RE | TURN TO EVENT SELECTION | | ADD A DEPEN | IDENT |
| Hel | | | | | | | |
| | | | | | | | Terms of Use University of California |
| | | | | | | | |
| 0 | Edit pi | rofile | | | | | |
| 6 | Log ou | ut | | | | | |
| | | | | | | | 🔍 100% 👻 |

| Step | Action |
|------|---|
| 63. | The Add/Review Dependent page displays dependents already covered by the plan. There are none in this example. Click the Add a Dependent button. |



| John D | oe | GALLFORNIA UCPath | | | | 🕒 Log out |
|---|------------------------|---|---------------------------|--|--------------------|-------------------|
| Primary Titl SVP CCA Employee II 1000000 | O); | | | | | Ask UCPath Center |
| Service Dat 06/09/20 | | CANCEL O | OUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Das < | E < Health and Welfare | DEPENDENT PERS | ONAL INFO | RMATION | | |
| Peo Per Woi Lea | | Select Save once you have added your Depe | ndent personal informatio | n. This information will go into effect as | ; of Oct 28, 2017. | |
| Emį He | Life Events / Benef | Personal Information | | | | |
| Fori Inc | Enroll in Benefits | * First Name | | | | |
| Qui Ret | Using Your Benefits | Middle Name | | | | |
| | | * Last Name | | | | |
| | | Name Prefix | | | | ٩ |
| | | Name Suffix | | | | ٩ |
| o estas | profile | * Date of Birth | | | | # |
| 🖉 Edit (| | * Gender | Male | | | ~ |
| - cog c | | | | | | €,100% ▼ |

| Step | Action |
|------|---|
| 64. | The Dependent Personal Information page appears. |
| | Click in the First Name field. |
| 65. | Enter the desired information into the First Name field. For this example, enter Lily . |
| 66. | Click in the Last Name field. |
| 67. | Enter the desired information into the Last Name field. For this example, enter Doe . |
| 68. | Click in the Date of Birth field. |
| 69. | Use the calendar to enter the date of birth. In this example, the date will be entered for you. |
| 70. | Click the button to the right of the Gender field. |
| | ~ |
| 71. | Click the Female list item. |
| 72. | Click the scroll bar. |



| Jol | hn D | oe | * Last Name | Doe | 1 | | | | | |
|-------------|--------------------|----------------------|------------------------------------|--------------------|-----|--|--|--|--|--|
| Prim SVE | ary Title | 5 | | | | | | | | |
| Emp | lovee ID | | Name Prefix | ٩ | | | | | | |
| | 000007 ice Date | | Name Suffix | ٩ | | | | | | |
| 06/ | 09/20 | 14 | * Date of Birth | 04/02/1972 | | | | | | |
| Das | < 1 | < Health and Welfare | * Gender | Female V | | | | | | |
| Pec | Per | Benefits Summary | | | | | | | | |
| Wo | Lea | Dependent Covera | SSN | | | | | | | |
| Em | Hea | Life Events / Benef | * Relationship to Employee | Select an Option 🗸 | | | | | | |
| For | Inco | Enroll in Benefits | | | | | | | | |
| Qui | Ret | Using Your Benefits | Relationship | Relationship | | | | | | |
| Hel | | | What Relationship do you have with | Select an Option 🗸 | | | | | | |
| | | | this dependent? | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | Address and Telephone | | | | | | | |
| 0 | Edit p | rofile | Same Add | Iress as Employee | | | | | | |
| € | Log o | ut | Country | United States | ~ | | | | | |
| | | | | هر 2001 | * - | | | | | |

| Step | Action |
|------|--|
| 73. | While the SSN field is not required, you should enter the dependent's Social Security number, if known. |
| | |
| 74. | Enter the desired information into the SSN field. For this example, enter 555-44-3333 . |
| 75. | Click the button to the right of the What Relationship do you have with this dependent? field. |
| 76. | Select the appropriate relationship. |
| | For this example, click the Spouse list item. |



| John Doe Primay Title: SVP CCAC too000007 server lote: ofc/09/2014 Das < < Keath and Welfare | Relationship What Relationship do you have with this dependent? | ~ |
|--|--|---|
| Peo Per Benefits Summary | Address and Telephone | |
| Wo Lea Dependent Covera | Same Address as Employee | |
| For Inc Enroll in Benefits Qui Ret Using Your Benefits | Country United States Address 123 Main Street Oakland, CA 94610 | Ì |
| Hel | Same Phone as Employee | |
| | RETURN TO DEPENDENT SUMMARY SAVE | |
| Edit profile Log out | ₹100% - | ~ |

| Step | Action |
|------|--|
| 77. | Review the address and phone information for the dependent. If necessary, make changes. |
| | Click the scroll bar. |
| 78. | Click in the Phone field. |
| 79. | Enter the desired information into the Phone field. For this example, enter 9254201111 . |
| 80. | Click the Save button. |

| John Doe | OI GALLEORNIA Teat | | | | 🕞 Log out |
|-----------------------------|--------------------------|-----------------|---------------|------|---------------------------------------|
| Primary Title: SVP CCAO | | | | | |
| Employee ID: 10000007 | | | | | Ask UCPath Center |
| Service Date: 06/09/2014 | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Das 🔄 🔍 Health and Welfare | SAVE CONFIRMATION | | | | |
| Peo Per: Benefits Summary | The Save was successful. | | | | |
| Wo Lea Dependent Covera | | | | | |
| Emp Hea Life Events / Benef | ок | | | | |
| For Inco Enroll in Benefits | | | | | |
| Qui Ret Using Your Benefits | | | | | Terms of Use University of California |
| Hel | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 🧭 Edit profile | | | | | |
| 😝 Log out | | | | | |
| | | | | | € 100% ▼ |



| Step | Action |
|------|---------------------------------|
| 81. | A confirmation message appears. |
| | Click the OK button. |

| John Doe | UCPath | | | | 😝 Log out |
|--|------------------------------|--|------------------------------------|--|---------------------------------------|
| Primary Title: SVP CCAO Employee ID: 10000007 | | | | | Ask UCPath Center |
| Service Date: 06/09/2014 | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Das 🦿 E < Health and Welfare | ADD/REVIEW [| DEPENDENT | | | |
| Peo Per: Benefits Summary | John Doe | | | | |
| Wo Lea Dependent Covera | | gible for Benefit Coverage. Select a nam | e to view or modify personal infor | mation. To add a dependent or benefici | ary, select the 'Add a dependent |
| Emp Hea Life Events / Benef | or beneficiary' button. | | | | |
| For Inco Enroll in Benefits | Lily Doe | | Date of Birth: | 04/02/1972 | > |
| Qui Ret Using Your Benefits | Spouse (Opposite/Same Sex) N | A. | Dependent: | Yes | |
| Hel | RETU | RN TO EVENT SELECTION | | ADD A DEPENDENT | |
| | | | | | |
| | | | | | |
| | | | | | Ferms of Use University of California |
| Edit profile | | | | | |
| Log out | | | | | |
| - coB out | | | | | € 100% × |

| Step | Action |
|------|---|
| 82. | Your new dependent appears in the list. |
| | Click the Return to Event Selection button. |

| John I | Doe | GAUFORNIA UCPath | | | Ð | Log out |
|--|--|--|--|--|---|----------|
| Primary Ti SVP CCA Employee 1000000 | AO 10: 07 | CANCEL | COUNTINUE LATER | SHOW PROGRESS | Ask UCPath C | Center |
| Das < Peo Pe | E C Health and Welfare Benefits Summary | MEDICAL John Doe | | SHOW PROGRESS | PREV NDA1 | |
| Wo Le Emi Hi Fori In Qui Re Hel | Exercise Life Events / Benef | medical plans provide comprehensiv behavioral health services. The plan hospitals and medical groups — and Not sure which plan is best for you? | ve coverage, including doctor vis s also offer a broad choice of pro- plan designs to fit your needs. Watch the Overview and Comp plan comparisons, explore our in affect your choices for the folk | sits, hospital services, prescription drugs and widers — including UC medical center doctors, arison of Medical Plans video for general iteractive Medical Plan Chooser tool. owing type(s) of coverage: | Important! Your current coverage is: Kaiser N with Self-Only coverage. You will continue wit this coverage if you do not make a choice. | |
| EditLog | profile | Select an Option Here are your available options with Core Plan | | ir cost - full benefit cost - UC contribution) Health Savings Plan | UC Care Plan | |
| | | | | | 1 | € 100% - |



| Step | Action |
|------|---|
| 83. | The Medical page appears again and you must enroll the newly entered dependent(s). |
| | Click the scroll bar. |

| John Doe Primary Title: SVP CCAO | Health Net Blue & Gold HMO | Kaiser North | Waive |
|---|---|---|--|
| Employee ID: 10000007 | SELECT PLAN | SELECTED PLAN | SELECT PLAN |
| Service Date: 06/09/2014 | VIEW COST SUMMARY | | |
| | Enroll Your Family Members | | |
| Peo Per: Benefits Summary Wo Lea Dependent Covera. | The following list displays all individuals you have named family members or to determine why a family member ha | | this list, use the Add/Review Family Members button to add new |
| Emp Hea Life Events / Benef. | The affordable Care Act (ACA) requires employers to make | ke reasonable efforts to obtain Social Security nur | bers for employees, spouses /domestic partners, and dependents . |
| For Inco Enroll in Benefits | To enroll any of the listed individuals for coverage in this | plan, check the Enroll box next to the family mem | ber's name. |
| Qui Ret Using Your Benefits | Dependent | | |
| Hel | Lily Doe - Spouse (Opposite/Same Sex) NA | | |
| | ADD/REVIEW FAMILY MEMBERS | | |
| | | | |
| | CANCEL CHANGES | | SAVE AND CONTINUE |
| | | | |
| Ø Edit profile | | | |
| € Log out | | | Terms of Use University of Califor |
| | | | R 100 |

| Step | Action |
|------|---|
| 84. | The newly entered dependent(s) appear in the Dependent list but are not yet enrolled in the plan. You must enroll the dependent(s). Click the Spouse (Opposite/Same Sex) NA option. |
| 85. | Use the Save and Continue button to submit your changes or use the Cancel Changes button to exit this page without saving your changes. Click the Save and Continue button. |



| John Doe | | | | | 🕒 Log out |
|--|------------------------------------|---------------------------------------|--|-----------------------------|-------------------|
| Primary Title: SVP CCAO Employee ID: 10000007 | | | | | Ask UCPath Center |
| Service Date: 06/09/2014 | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Das 🦿 K Health and Welfare | MEDICAL | | | | |
| Peo Per: Benefits Summary | John Doe | | | | |
| Wo Lea Dependent Covera | Your Choice | | | | |
| Emj Hea Life Events / Benef | | th Self + Adult (NA) coverage. You an | also covering Self + Adult (NA). | | |
| For Inco Enroll in Benefits | | | | | |
| Qui Ret Using Your Benefits | Your estimated cost pe \$271_42 | r pay period | | | |
| Hel | Your Covered Depende | ents | | | |
| | Dependent Information | n | | | |
| | Name | | Relationship | | |
| | Lily Doe | | Spouse (Opposite/Sa | me Sex) NA | |
| | Notes | | | | |
| 🖉 Edit profile | Once submitted, this choice will t | take effect on 10/28/2017. Deduction | is for this choice will start with the pay p | eriod beginning 10/28/2017. | |
| 😝 Log out | | | | | |

| Step | Action |
|------|---|
| 86. | UCPath displays your estimated pay period cost for the benefit election and covered dependents. |
| | Click the scroll bar. |

| John Doe | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT | |
|------------------------------|---|---|---|--------------------------------|---------------------------------------|---|
| Primary Title: SVP CCAO | MEDICAL | | | | | |
| Employee ID: 10000007 | John Doe | | | | | |
| Service Date: 06/09/2014 | Your Choice | | | | | |
| Das 🦿 🗧 < Health and Welfare | You have chosen Kaiser North w | ith Self + Adult (NA) coverage. You are | e also covering Self + Adult (NA). | | | |
| Peo Per: Benefits Summary | Your estimated cost pe | r pay period | | | | |
| Wo Lea Dependent Covera | \$271.42 | | | | | |
| Emp Hea Life Events / Benef | Your Covered Depende | | | | | |
| For Inco Enroll in Benefits | Dependent Informatio | n | Relationship | | | |
| Qui Ret Using Your Benefits | Lily Doe | | Spouse (Opposite) | 'Same Sex) NA | | |
| Hel | Notes Once submitted, this choice will | take effect on 10/28/2017. Deduction | ns for this choice will start with the pa | y period beginning 10/28/2017. | | |
| | | ВАСК | | SAVE CHANGES | : | |
| Edit profile | | | | | | |
| B Log out | | | | | Terms of Use University of California | 3 |

| Step | Action |
|------|--------------------------------|
| 87. | Click the Save Changes button. |



| John | Doe | | | | | | 🕒 Log out | |
|---|------------------------|--|---|---|-----------------------------|-----------------------|--------------|--|
| Primary T SVP CC Employee 100000 | AO ID: | | | | | | | |
| Service D 06/09/ | | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | N | БХТ | |
| Das < | E < Health and Welfare | MARRIAGE | | | | | | |
| Peo P | en Benefits Summary | John Doe | | | | | | |
| Wo L | ea Dependent Covera | Marriage | | | | | | |
| Emį H | Life Events / Benef | Important: Your choice is summari | Important: Your choice is summarized below. | | | | | |
| For I | Enroll in Benefits | If you are not satisfied with your c | noice, then select the Cancel Chang | es button and correct the selections. | | | | |
| Qui R | et Using Your Benefits | If you are satisfied with your choic | e, then select the OK button to stor | e your choices. | | | | |
| Hel | | Your enrollments are not finalized | until you Submit all your choices fro | m the Enrollment Summary page. | | | | |
| | | Current Enrollment | Summary | | | | | |
| | | This table summarizes estimated o your behalf.) | osts per pay period for your new ber | efit choices. (The Employer column disp | lays the amount UC contribu | tes to the UC Retirem | ient Plan on | |
| | | Election Summary | | | | | | |
| | | Summarized estimates for new Benefi | t Elections | Befo | re Tax After Tax | Total | Employer | |
| 🔗 Edi | t profile | Costs | | 3 | 91.42 136.69 | 528.11 | 1,063.87 | |
| - | | Your Costs | | 39 | 1.42 136.69 | 528.11 | | |
| 🕒 Log | out | | | | | | | |

| Step | Action |
|------|--|
| 88. | The Current Enrollment Summary page appears again. The details for your medical election have been updated. |
| | For each benefit plan enrollment you want to update for your new dependent, click the Edit button. |
| | Click the scroll bar. |

| John Doe | your behalf.) Election Summary | | | | | | | |
|----------------------------|--|--------------|--------------------------|--------------|--------------------|---------|-------------------------|--|
| Primary Title: SVP CCAO | Summarized estimates for new Benefit Ele | ctions | | Before Tax | After Tax | Total | Employer | |
| Employee ID: | Costs | | | 391.42 | 136.69 | 528.11 | 1,063.87 | |
| 10000007 Service Date: | Your Costs | | | 391.42 | 136.69 | 528.11 | | |
| 06/09/2014 | | | | | | | | |
| Dashboard | Current Benefits Detai | ls | | | | | | |
| PeopleSoft Menu > | | | | | | | | |
| Worklist | Medical | | Dental | \mathbf{O} | Vision | | $\overline{\mathbf{O}}$ | |
| Employee Actions | Kaiser North:Self+Ad | | Delta Dental PPO:Self | | Vision Servi | ce Plan | | |
| Forms Library | NA | | 0.00 | | (VSP):Self | | | |
| Quicklinks | 271.42 | | Before Tax | | 0.00 Before Tax | | | |
| - | 271.42 Before Tax | | | | Before Tax | | | |
| Help / FAQ > | | | | | | | | |
| | | | | _ | | | | |
| | Legal Services | \mathbf{O} | Behavioral Health | | Life | | | |
| | Waive | | Optum Behavioral | | Basic Life | | | |
| | waive | | Health- | | | | | |
| Ø Edit profile | | | OPTKP:Self+Ad NA | | | | | |
| Dog out | | | | | | | | |

| Step | Action |
|------|---|
| 89. | To change Dental coverage, click the Edit button. |



| John Doe | | | | | | 🕒 Log out | |
|-----------------------------|---|---|-----------------------|---|-----------------------|---|--|
| Primary Title: SVP CCAO | | | | | | Ask UCPath Center | |
| Employee ID: 10000007 | | | | | | | |
| Service Date: 06/09/2014 | | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT | |
| Dashboard | | DENTAL | | | | | |
| PeopleSoft Menu | > | John Doe | | | | | |
| Worklist | | | | at's why UC provides dental coverage for you urgery, dentures, bridges and braces. UC pays | | | |
| Employee Actions | > | the full cost of coverage on your c | PPO with Self-Only of | Important! Your current coverage is: Delta Dental PPO with Self-Only coverage. You will continue | | | |
| Forms Library | > | HMO or PPO? Can't decide? Revie of the two plans, read the section | | plan options. Or, for a more detailed comparison JC Delta Dental site. | with this coverage if | with this coverage if you do not make a choice. | |
| Quicklinks | > | | | | | | |
| Help / FAQ | > | Select an Option | | | | | |
| | | UC pays the cost of this benefit. | | | | | |
| | | Delta Dental PPO | Del | taCare USA | Waive | | |
| Ø Edit profile | | SELECTED | PLAN | SELECT PLAN | SELI | ECT PLAN | |
| Log out | | VIEW COST SUMMARY | | | | | |

| Step | Action |
|------|---------------------------------|
| 90. | The Dental page appears. |
| | Click the scroll bar. |

| John Doe Primary Title: SVP CCAO Employee ID: | Select an Option UC pays the cost of this benefit. | | |
|--|---|-------------------------------------|--|
| 10000007 Service Date: 06/09/2014 | Delta Dental PPO | DeltaCare USA | Waive |
| Dashboard | SELECTED PLAN | SELECT PLAN | SELECT PLAN |
| PeopleSoft Menu > | | | |
| Worklist | VIEW COST SUMMARY | | |
| Employee Actions | Enroll Your Family Members | | |
| Forms Library | The following list displays all individuals you have named | | issing from this list, use the Add/Review Family Members button to add new |
| Quicklinks > | family members or to determine why a family member ha | s been determined to be ineligible. | |
| Help / FAQ > | The affordable Care Act (ACA) requires employers to mak To enroll any of the listed individuals for coverage in this | | curity numbers for employees, spouses /domestic partners, and dependents . amily member's name. |
| | Dependent | | |
| | Lily Doe - Spouse (Opposite/Same Sex) NA | | |
| | ADD/REVIEW FAMILY MEMBERS | | |
| Edit profile | | | |
| 😥 Log out | CANCEL CHANGES | | SAVE AND CONTINUE |
| | | | €,100% |

| Step | Action |
|------|---|
| 91. | The newly entered dependent(s) appears in the Dependent list but are not yet enrolled in the plan. You must enroll the dependent(s) in the plan. Click the Spouse (Opposite/Same Sex) NA option. |
| 92. | Click the Save and Continue button. |



| John Doe | | 🕒 Log out |
|-----------------------------|---|-------------------|
| Primary Title: SVP CCAO | | Ask UCPath Center |
| Employee ID: 10000007 | | Ask OCPath Center |
| Service Date: 06/09/2014 | CANCEL COUNTINUE LATER SHOW PROGRESS PREV | NEXT |
| Dashboard | DENTAL | |
| PeopleSoft Menu | John Doe | |
| Worklist | Your Choice | |
| Employee Actions | You have chosen Delta Dental PPO with Self + Adult (NA) coverage. You are also covering Self + Adult (NA). | |
| Forms Library | | |
| Quicklinks | Your estimated cost per pay period \$0.00 | |
| Help / FAQ | | |
| | Name Relationship | |
| | Lily Doe Spouse (Opposite/Same Sex) NA | |
| | Notes | |
| 🖉 Edit profile | Once submitted, this choice will take effect on 10/28/2017. Deductions for this choice will start with the pay period beginning 10/28/2017. | |
| 😥 Log out | | ~ |
| | | €,100% - |

| Step | Action |
|------|---|
| 93. | UCPath displays your estimated pay period cost for the benefit election and covered dependents. |
| | Click the scroll bar. |

| John Doe | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT | , |
|---------------------------------------|--|--|---|--------------|---------------------------------------|---|
| Primary Title: SVP CCAO | DENTAL | | | | | |
| Employee ID: 10000007 | John Doe | | | | | |
| Service Date: 06/09/2014 | Your Choice You have chosen Delta Dental | PPO with Self + Adult (NA) coverage. Y | ou are also covering Self + Adult (NA). | | | |
| PeopleSoft Menu > Worklist | Your estimated cost p \$0.00 | | | | | |
| Employee Actions > Forms Library > | Your Covered Dependent Information | | Relationship | | | |
| Quicklinks > Help / FAQ > | Lily Doe Notes Once submitted, this choice wi | il take effect on 10/28/2017. Deductio | Spouse (Opposite/S | | | |
| | | BACK | | SAVE CHANGES | | |
| 🧭 Edit profile | | | | | | |
| 😥 Log out | | | | | Terms of Use University of California | |

| Step | Action |
|------|--------------------------------|
| 94. | Click the Save Changes button. |



| Primary Title: SVP CCAO Employee 1D: 10000007 Service Date: 06/09/2014 Dashboard PeopleSoft Menu >> | | COUNTINUE LATER | SHOW PROGRESS | PREV | Ask U NE | JCPath Center | |
|--|---|---|--|----------------------------|-----------------------|---------------|---|
| 10000007 Service Date: 06/09/2014 Dashboard | | COUNTINUE LATER | SHOW PROGRESS | PREV | | | |
| 06/09/2014 | | COUNTINUE LATER | SHOW PROGRESS | PREV | NE | хт | 1 |
| Dashboard | | | | | | | |
| PeopleSoft Menu | | | | | | | |
| | John Doe | | | | | | |
| Worklist | Marriage | | | | | | |
| Employee Actions | Important: Your choice is summ | narized below. | | | | | |
| Forms Library | If you are not satisfied with you | r choice, then select the Cancel Change | s button and correct the selections. | | | | |
| Quicklinks > | If you are satisfied with your ch | oice, then select the OK button to store | your choices. | | | | |
| Help / FAQ | Your enrollments are not finaliz | ed until you Submit all your choices fro | n the Enrollment Summary page. | | | | |
| | Current Enrollmen | t Summary | | | | | |
| | This table summarizes estimate your behalf.) | d costs per pay period for your new ben | efit choices. (The Employer column display | s the amount UC contribute | 25 to the UC Retireme | ent Plan on | |
| | Election Summary | | | | | | |
| | Summarized estimates for new Ber | nefit Elections | Before T | ax After Tax | Total | Employer | |
| Edit profile | Costs | | 391. | 42 136.69 | 528.11 | 1,101.22 | |
| | Your Costs | | 391.4 | 136.69 | 528.11 | | |

| Step | Action |
|------|---|
| 95. | The Current Enrollment Summary page appears again. The details for your dental election have been updated. |
| | Click the scroll bar. |

| John Doe | Costs | 391.42 | 136.69 | 528.11 | 1,101.22 |
|-----------------------------|----------------------------|--|-----------------------------|-------------|----------|
| | Your Costs | 391.42 | 136.69 | 528.11 | |
| Primary Title: SVP CCAO | | | | | |
| Employee ID: 10000007 | Current Benefits Details | | | | |
| Service Date: 06/09/2014 | | | | | _ |
| 06/09/2014 | Medical 🕢 | Dental 🕢 | Vision | | |
| PeopleSoft Menu > | Kaiser North:Self+Ad NA | Delta Dental PPO:Self+Ad NA | Vision Servic (VSP):Self | e Plan | |
| Worklist | New | New | 0.00 | | |
| Employee Actions | 271.42 Before Tax | 0.00 Before Tax | Before Tax | | |
| Forms Library > | | | | | |
| Quicklinks > | | | | | _ |
| Help / FAQ > | Legal Services | Behavioral Health | Life | | |
| | Waive | Optum Behavioral Health- OPTKP:Self+Ad NA New | Basic Life | | |
| Edit profile | | | | | |
| 😝 Log out | Supplemental Life | Sr. Management Life | Basic Dep | endent Life | ₹,100% × |

| Step | Action |
|------|--|
| 96. | To change Vision coverage for this example, click the Edit button. |



| John Doe | | OF CALIFORNIA Test | ו | | | 😝 Log out |
|--|---|---|-------------------------------------|---------------------------------------|--------------------|---|
| Primary Title: SVP CCAO Employee ID: 10000007 | | | | | | Ask UCPath Center |
| Service Date: 06/09/2014 | | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Dashboard | | VISION | | | | |
| PeopleSoft Menu | > | John Doe | | | | |
| Worklist | | UC pays the full cost of the visio | on benefit, providing you and your | family the care you need. | | |
| Employee Actions | > | Have questions? We recomment information, look here. | d you read the vision plan overvier | w on UCnet. Or for more detailed plan | Service Plan (VSP) | rrent coverage is: Vision with Self-Only coverage. You his coverage if you do not |
| Forms Library | > | | | | make a choice. | |
| Quicklinks | > | | | | | |
| Help / FAQ | > | Select an Option UC pays the cost of this benefit. | | | | |
| | | Vision Service Pla | an (VSP) | aive | | |
| 🖉 Edit profile | | SELECTEI | D PLAN | SELECT PLAN | | |
| 😥 Log out | | | | | | |

| Step | Action |
|------|---------------------------------|
| 97. | The Vision page appears. |
| | Click the scroll bar. |

| John Doe | | Vision Service Plan (VSP) | Waive | |
|---|-------|--|---|---|
| Primary Title: SVP CCAO | | | | |
| Employee ID: 10000007 | | SELECTED PLAN | SELECT PLAN | |
| Service Date: 06/09/2014 | // >> | VIEW COST SUMMARY | | |
| Dashboard PeopleSoft Menu | > | | | ist, use the Add/Review Family Members button to add new |
| Worklist Employee Actions Forms Library | > | family members or to determine why a family member has b The affordable Care Act (ACA) requires employers to make r To enroll any of the listed individuals for coverage in this pla | easonable efforts to obtain Social Security numbers f | |
| Quicklinks | 3 | Dependent | | |
| Help / FAQ | > | Lily Doe - Spouse (Opposite/Same Sex) NA ADD/REVIEW FAMILY MEMBERS | | |
| | | CANCEL CHANGES | | SAVE AND CONTINUE |
| 🖉 Edit profile | | | | |
| 😥 Log out | | | | Terms of Use University of California |

| Step | Action |
|------|---|
| 98. | The newly entered dependent(s) appears in the Dependent list but are not yet enrolled in the plan. You must enroll the dependent(s) in the plan. Click the Spouse (Opposite/Same Sex) NA option. |
| 99. | Click the Save and Continue button. |



| John Doe | | CALIFORNIA UCPat | h | | | 🕒 Log out |
|-----------------------------|--------------|---------------------------------|--|--|------------------------------|-------------------|
| rimary Title: VP CCAO | | | | | | |
| Employee ID: 10000007 | | | | | | Ask UCPath Center |
| Service Date: 06/09/2014 | // DD | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Dashboard | | VISION | | | | |
| PeopleSoft Menu | > | John Doe | | | | |
| Worklist | | Your Choice | | | | |
| Employee Actions | > | | e Plan (VSP) with Self + Adult (NA) cove | rage. You are also covering Self + Adult | (NA). | |
| Forms Library | > | | | | | |
| Quicklinks | > | Your estimated cost p \$0.00 | per pay period | | | |
| Help / FAQ | > | Your Covered Depend | dents | | | |
| | | Dependent Informati | ion | | | |
| | | Name | | Relationship | | |
| | | Lily Doe | | Spouse (Opposite/S | ame Sex) NA | |
| | | Notes | | | | |
| 🖉 Edit profile | | Once submitted, this choice w | rill take effect on 10/28/2017. Deductio | ns for this choice will start with the pay | period beginning 10/28/2017. | |
| 😥 Log out | | | | | | |
| | | | | | | € 100% · |

| Step | Action |
|------|---|
| 100. | UCPath displays your estimated pay period cost for the benefit election and covered dependents. |
| | Click the scroll bar. |

| John Doe | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT | |
|--|---|--|--|------------------------------|---------------------------------------|---|
| Primary Title: SVP CCAO | VISION | | | | | |
| Employee ID: 10000007 | John Doe | | | | | |
| ////////////////////////////////////// | Your Choice You have chosen Vision Service | Plan (VSP) with Self + Adult (NA) cove | rage. You are also covering Self + Adul | t (NA). | | |
| Dashboard | | | | | | |
| PeopleSoft Menu | Your estimated cost p | er pay period | | | | |
| Worklist | \$0.00 | | | | | |
| Employee Actions | Your Covered Depend | | | | | |
| Forms Library | > Dependent Information | on | Relationship | | | |
| Quicklinks | > Lily Doe | | Spouse (Opposite/S | Same Sex) NA | | |
| Help / FAQ | > Notes Once submitted, this choice wi | ll take effect on 10/28/2017. Deductio | ns for this choice will start with the pay | period beginning 10/28/2017. | | |
| | | BACK | | SAVE CHANGES | | |
| Edit profile | | | | | | |
| cut prome | | | | | | |
| 😥 Log out | | | | | Terms of Use University of California | 3 |

| Step | Action |
|------|--------------------------------|
| 101. | Click the Save Changes button. |



| John Doe | | OF CALIFORNIA UCPat | h | | | | 🕒 Log out |
|-----------------------------|----------|---|---|---|--------------------------|---------------------------|---------------|
| Primary Title: SVP CCAO | | test | | | | | |
| Employee ID: 10000007 | | | | | | Ask | UCPath Center |
| Service Date: 06/09/2014 | % | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | N | IEXT |
| Dashboard | | MARRIAGE | | | | | |
| PeopleSoft Menu | > | John Doe | | | | | |
| Worklist | | Marriage | | | | | |
| Employee Actions | > | Important: Your choice is sumr | marized below. | | | | |
| Forms Library | > | If you are not satisfied with you | ur choice, then select the Cancel Chang | es button and correct the selections. | | | |
| Quicklinks | > | If you are satisfied with your ch | hoice, then select the OK button to stor | e your choices. | | | |
| Help / FAQ | > | Your enrollments are not finali | ized until you Submit all your choices fr | om the Enrollment Summary page. | | | |
| | | Current Enrollmer | nt Summary | | | | |
| | | This table summarizes estimate your behalf.) | ed costs per pay period for your new be | nefit choices. (The Employer column dis | plays the amount UC cont | ributes to the UC Retirer | nent Plan on |
| | | Election Summary | | | | | |
| | | Summarized estimates for new Be | enefit Elections | Befo | re Tax After Ta | x Total | Employer |
| Edit profile | | Costs | | | 391.42 136.6 | 510.11 | 1,101.22 |
| - | | Your Costs | | 3 | 91.42 136.69 | 9 528.11 | |

| Step | Action |
|------|---|
| 102. | The Current Enrollment Summary page appears again. The details for your vision election have been updated. |
| | Click the scroll bar. |

| John Doe Primary Ittle: SVP CC00 Ge/09/2014 Dashboard PeopleSoft Menu Worklist Employee Actions Forms Library Quicklinks Help / FAQ | > > > > > | Medical Kaiser North:Self+Ad Naw 271.42 Before Tax Legal Services Waive | 0 | Dental Delta Dental PPO:Self+Ad NA New 0.00 Before Tax Behavioral Health Optum Behavioral Health- OPTKP:Self+Ad NA New | Vision Vision Service Plan (VSP)Self+Ad NA New 0.00 Before Tax |
|---|-----------------------|---|---------|--|---|
| Edit profile | | Supplemental Life SUPLIFE 2X 30.45 | \odot | Sr. Management Life | Basic Dependent Life 🕢 Waive |
| Edit profile Log out | | 30.45 After Tax | | | |
| | | | | | ® 100% 👻 |

| Step | Action |
|------|---|
| 103. | Continue election and coverage updates for all other available benefit options. |
| | Notice the Behavioral Health plan has automatically updated the Optum Behavioral Health plan to coverage for self and adult. The Edit button is not available for this plan type. |
| | Click the scroll bar. |



| Important: Your enrollment will not be complete until you submit your choices. BACK SUBMIT | John Doe Primary TH2:- SVP CCAO Engloyme TL:- 100000007 Service bate:- 060/09/2014 Dashboard PeopleSoft Menu Worklist Employee Actions Forms Library Quicklinks Help / FAQ | > | Flex Spending - Health Health FSA: \$800.00 120.00 Before Tax UC Retirement Plan Tier 1976-SSCoord NCL Select the Submit button to finalize your choices. | Flex Spending - Dependent Care Waive 0.00 Before Tax | Health Savings Account Waive 0.00 Before Tax |
|--|---|---|---|--|---|
| BACK SUBMIT | | | Important: Your enrollment will not be complete until you su | ibmit your choices. | |
| | | | BACK | | SUBMIT |
| | | | | | |
| | 😥 Log out | | | | Terms of Use University of California |

| Step | Action |
|------|--|
| 104. | After all benefit plans have been updated for your life event, click the Submit button. |
| | Click the Submit button. |

| John Doe | | 🕒 Log out |
|-----------------------------|---|-------------------------------|
| Primary Title: SVP CCAO | | |
| Employee ID: 10000007 | | Ask UCPath Center |
| Service Date: 06/09/2014 | CANCEL COUNTINUE LATER SHOW PROGRESS PREV | NEXT |
| Dashboard | SUBMIT BENEFIT CHOICES | |
| PeopleSoft Menu > | John Doe | |
| Worklist | You have almost completed your enrollment. If you have no further changes, select the Submit button on this page to finalize your benefit choice | ces. |
| Employee Actions > | Select the Cancel button if you are not ready to submit your choices and wish to return to the Enrollment Summary. | |
| | Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrol times as you'd like up until your enrollment deadline. However, once you select the Submit button your benefit choices will be processed. | Iment Summary as many |
| Forms Library > | Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you ha | ive a qualified family status |
| Quicklinks > | change. | , |
| Help / FAQ > | Terms and Conditions | |
| | I agree to the terms and conditions listed here. | |
| | By checking this box I accept the above Terms and Conditions | |
| | HIPAA Statement Confirmation | |
| | By selecting this checkbox, I am electing to receive an electronic HIPAA statement. | |
| Edit profile | Authorize Elections | Help |
| | By submitting your benefit choices you are authorizing the University of California to take deductions from your paycheck to pay for your benefit | fit costs. You are also |
| 😥 Log out | suthorizing the Renefits Department to cend necessary nersonal information to your celected providers to initiate and support your coverage | |
| | | ۹ 100% |

| Step | Action |
|------|--|
| 105. | The Submit Benefit Choices page appears. Review the Terms and Conditions, as well as the HIPAA Statement Confirmation. Click the scroll bar. |



| John Doe | SUBMIT BENEFIT CHOICES |
|-----------------------------|--|
| Primary Title: SVP CCAO | John Doe You have almost completed your enrollment. If you have no further changes, select the Submit button on this page to finalize your benefit choices. |
| Employee ID: 10000007 | You have aimst completely your enrollment. It you have no hurther changes, select the Submit Dutton on this page to innaize your benefit choices. Select the Cancel button if you are not ready to submit your choices and wish to return to the Enrollment Summary. |
| Service Date: 06/09/2014 | Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you select the Submit button your benefit choices will be processed. |
| Dashboard | Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change. |
| PeopleSoft Menu | > Terms and Conditions |
| Worklist | I agree to the terms and conditions listed here. |
| Employee Actions | By checking this box I accept the above Terms and Conditions |
| Forms Library | > HIPAA Statement Confirmation |
| Quicklinks | > Z By selecting this checkbox, I am electing to receive an electronic HIPAA statement. |
| Help / FAQ | Authorize Elections |
| | By submitting your benefit choices you are authorizing the University of California to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage. |
| | Cancel Submit |
| | |
| | |
| Edit profile | Help |
| 🕒 Log out | Terms of Use University of |

| Step | Action |
|------|---|
| 106. | Click the By checking this box I accept the above Terms and Conditions option. |
| | By checking this box I accept the above Terms and Conditions |
| 107. | Click the Submit button. |

| John Doe | | OF CALIFORNIA UCPath | 1 | | | 😝 Log out |
|--|---|---------------------------------|--|--|---|---------------------------------------|
| Primary Title: SVP CCAO Employee ID: 10000007 | | | | | | Ask UCPath Center |
| Service Date: 06/09/2014 | | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Dashboard | | ENROLLMENT | SUBMIT CONFI | RMATION | | |
| PeopleSoft Menu | > | Once you select OK, your submis | ssion is FINAL. Any subsequent change: | s will require UCPath Center review an | d approval. If your elections are F ОК | INAL, click OK to proceed. |
| Worklist | | | | | | |
| Employee Actions | > | | | | | |
| Forms Library | > | | | | | Terms of Use University of California |
| Quicklinks | > | | | | | |
| Help / FAQ | > | | | | | |
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| | | | | | | |
| | | | | | | |
| Edit profile | | | | | | |
| 🕒 Log out | | | | | | |
| | | | | | | 🔍 100% 👻 |

| Step | Action |
|------|--|
| 108. | The Enrollment Submit Confirmation page appears. |
| | Click the OK button. |



| John Doe | | OF CALIFORNIA UCPath | 1 | | | 😥 Log out |
|-----------------------------|---|---|-------------------------------|---------------|------|---------------------------------------|
| Primary Title: SVP CCAO | | Test | | | | |
| Employee ID: 10000007 | | | | | | Ask UCPath Center |
| Service Date: 06/09/2014 | | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Dashboard | | SUBMIT CONI | FIRMATION | | | |
| PeopleSoft Menu | > | John Doe | | | | |
| Worklist | | Your benefit choices have been s You will receive a final confirmat To return to the Benefits Enrollm | ion statement within 24 hours | | | |
| Employee Actions | > | | | ОК | | |
| orms Library | > | | | | | |
| Quicklinks | > | | | | | |
| Help / FAQ | > | | | | | Terms of Use University of California |
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| | | | | | | |
| Edit profile | | | | | | |
| 😥 Log out | | | | | | |
| | | | | | | 🔍 100% 🔻 |

| Step | Action |
|------|--|
| 109. | The Submit Confirmation page appears. |
| | Click the OK button. |

| Primary Title: SVP CCAO | Ask UCPath Center | |
|-----------------------------|--|--|
| Employee ID: 10000007 | ARK ULY3CH LENCE | |
| Service Date: 06/09/2014 | CANCEL COUNTINUE LATER SHOW PROGRESS PREV NEXT | |
| Dashboard | BENEFITS ENROLLMENT | |
| PeopleSoft Menu > | John Doe | |
| Worklist | Welcome to the benefits enrollment section. Congratulations! You and your family now have an opportunity to enroll in benefits based on one of the newly benefits eligible scenarios listed below. You have either been directed to this page or navigated here on your own because | |
| Employee Actions | You are a new hire with a PIE to enroll in benefits initially, OR You are newly eligible for benefits, OR | |
| Forms Library > | You have a life event that enables you to make enrollment changes, OR The annual Open Enrollment period is now open | |
| Quicklinks > | Scroll down to view the list of your benefit events below. Do you see the Select button next to an event? If so, that indicates the event is currently open to you for enrollment. Click on Select to begin. | |
| Help / FAQ \Rightarrow | Take advantage of this opportunity now because your other options are limited to: | |
| | 90-day Waiting Period You may enrol yoursif or eligible family members at any time in medical coverage only with a 90 consecutive calendar day waiting period; coverage is effective after the 90 days have elapsed. Your premiums may need to be paid on an after-tax basis. | |
| | Open Enrollment Open Enrollment (OE) is the time each year (typically in the Fail) when you can change your medical plan and sign up for other benefits. Shortly before OE opens, UC will launch a dedicated website to guide you through the process. Changes you make during OE are effective January 1 of the following year. | |
| 🖉 Edit profile | Life Event | |
| \varTheta Log out | A life event provides an opportunity to enroll in, or make changes to, your UC benefits when family status changes occur (marriage, domestic partnership, birth, adoption or divorce) or, in some cases, after you or an eligible family member experience an involuntary loss of non-UC health & welfare coverage. | |

| Step | Action |
|------|--|
| 110. | The Benefits Enrollment page appears again. |
| | Click the scroll bar. |



| John Doe | Click on Select to begin. |
|-----------------------------|--|
| Primary Title: SVP CCAO | Take advantage of this opportunity now because your other options are limited to: |
| Employee ID: | 90-day Waiting Period You may enroll yourself or eligible family members at any time in medical coverage only with a 90 consecutive calendar day waiting period; coverage is effective after the |
| 10000007 | 90 days have elapsed. Your premiums may need to be paid on an after-tax basis. |
| Service Date: 06/09/2014 | Open Enrollment |
| Dashboard | Open Enrollment (OE) is the time each year (typically in the Fail) when you can change your medical plan and sign up for other benefits. Shortly before OE opens, UC will launch a dedicated website to guide you through the process. Changes you make during OE are effective January 1 of the following year. |
| | Life Event |
| PeopleSoft Menu > | A <i>life event</i> provides an opportunity to enroll in, or make changes to, your UC benefits when family status changes occur (marriage, domestic partnership, birth, adoption or divorce) or, in some cases, after you or an eligible family member experience an involuntary loss of non-UC health & welfare coverage. |
| Worklist | |
| Employee Actions | If you don't see the Select button, you do not currently have an open event allowing you to make enrollment changes. If you think this is in error or have additional questions, contact the UCPath Center at 1-855-9UC-PATH (1-855-982-7284). |
| Forms Library > | |
| Quicklinks > | Open Benefit Events |
| Help / FAQ > | After you use the Select button, it will take a few seconds for your benefits enrollment information to load. |
| | Marriage |
| | SVP CCAO (Submitted) 10/28/2017 |
| | |
| | |
| Edit profile | |
| | Terms of Use University of California |
| 😥 Log out | \$1005. |

| Step | Action |
|------|--|
| 111. | The Open Benefit Events section displays the Submitted status for the Marriage event. |
| 112. | Return to the top of the page. |
| | Click the scroll bar. |

| John Doe | | า | | | 😥 Log out |
|--|---|---|---|-----------------------------------|------------------------------------|
| Primary Title: SVP CCAO Employee ID: 10000007 | | | | | Ask UCPath Center |
| Service Date: 06/09/2014 | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Dashboard | BENEFITS ENF | ROLLMENT | | | |
| PeopleSoft Menu > | John Doe | | | | |
| Worklist Employee Actions > Forms Library > | scenarios listed below. You have • You are a new hire with a • You are newly eligible for | e either been directed to this page or i a PIE to enroll in benefits initially, OR r benefits, OR t enables you to make enrollment cha | | o enroll in benefits based on one | of the newly benefits eligible |
| Quicklinks > Help / FAQ > | Click on Select to begin. | our benefit events below. Do you see f | he Select button next to an event? If so, re limited to: | that indicates the event is curre | tly open to you for enrollment. |
| | 90-day Waiting Period You may enroll yourself or e | | medical coverage only with a 90 consec | utive calendar day waiting perioc | ; coverage is effective after the |
| | | | when you can change your medical plan anges you make during OE are effective j | | ortly before OE opens, UC will |
| 🖉 Edit profile | Life Event A <i>life event</i> provides an opp | portunity to enroll in, or make change | : to, your UC benefits when family status | s changes occur (marriage, dome | tic partnership, birth, adoption |
| 😥 Log out | | | er experience an involuntary loss of non | | the participantity on the adoption |

| Step | Action | |
|------|-------------------------------|--|
| 113. | Click the Next button. | |
| | NEXT | |
| | | |



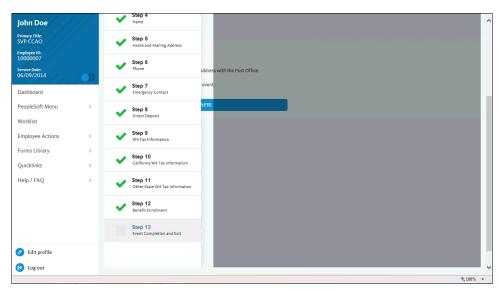
| John Doe | | | | | 🕒 Log out |
|-----------------------------|----------------------------------|--|---------------|------|---------------------------------------|
| trimary Title: SVP CCAO | test | | | | |
| Employee ID: 10000007 | | | | | Ask UCPath Center |
| Service Date: 06/09/2014 | CANCEL | COUNTINUE LATER | SHOW PROGRESS | PREV | NEXT |
| Dashboard | Event Completi | on and Exit | | | |
| PeopleSoft Menu | You have completed your Marriage | ze | | | |
| Worklist | | wing documentation if you are changir | ng your name: | | |
| Employee Actions | > Drivers License | | | | |
| Forms Library | > Social Security Passport | | | | |
| Quicklinks | > Bank Accounts Credit Cards | | | | |
| Help / FAQ | Voter Registration Card | | | | |
| | | to update address with the Post Office | | | |
| | Select the Complete pushbutton | to end this event. | | | |
| | | COMPLETE | | | |
| | | | | | |
| Ø Edit profile | | | | | Terms of Use University of California |
| 😥 Log out | | | | | |

| Step | Action | |
|------|---|--|
| 114. | To review your progress, click the Show Progress button. | |
| | SHOW PROGRESS | |

| John Doe | OF CALIFO test | UCPath | | | | 🕒 Log out |
|--|----------------------|--------------------------------------|---------------------------|------------------|------|-------------------|
| Primary Title: SVP CCAO Employee ID: 10000007 | | | | | | Ask UCPath Center |
| Service Date: | ~ | Step 1 Welcome | DUNTINUE LATER | SHOW PROGRESS | PREV | NEXT X |
| 06/09/2014 Dashboard | | Step 2 Benefit Summary | nd Exit | | | |
| PeopleSoft Menu Worklist | > | Step 3 Dependent Coverage Summary | | | | |
| | > ~ | Step 4 Name | mentation if you are char | iging your name: | | |
| · | > > | Step 5 Home and Mailing Address | | | | |
| Help / FAQ | > ~ | Step 6 Phone | address with the Post Off | ice. | | |
| | ~ | Step 7 Emergency Contact | event. | | | |
| | ~ | Step 8 Direct Deposit | LETE | | | |
| 🖉 Edit profile | ~ | Step 9 W4 Tax Information | | | | |
| € Log out | | <u>.</u> | | | | € 100% ▼ |

| Step | Action |
|------|-----------------------|
| 115. | Click the scroll bar. |





| Step | Action |
|------|---|
| 116. | You must complete one more step to close your life event. |
| | Return to the top of the page. |
| | Click the scroll bar. |
| 117. | Click the Close button to hide the steps. |
| | × |

| John Doe | | 😥 Log out |
|--------------------------|---|-------------------|
| rimary Title: VP CCAO | | |
| Employee ID: 10000007 | | Ask UCPath Center |
| Service Date: | CANCEL COUNTINUE LATER SHOW PROGRESS PREV | NEXT |
| 06/09/2014 | Event Completion and Exit | |
| Dashboard | Congratulations! | |
| PeopleSoft Menu | > | |
| | You have completed your Marriage | |
| Worklist | You may need to update the following documentation if you are changing your name: | |
| Employee Actions | > Drivers License | |
| Forms Library | Social Security | |
| | Passport Bank Accounts | |
| Quicklinks | > Credit Cards | |
| Help / FAQ | Voter Registration Card | |
| | If you are moving, you may want to update address with the Post Office. | |
| | Select the Complete pushbutton to end this event. | |
| | | |
| | COMPLETE | |
| | | |
| | | |
| Ø Edit profile | | |
| Dog out | | |
| - | | 8 ,100% |

| Step | Action |
|------|---|
| 118. | The Event Completion and Exit page appears. |
| | Click the Complete button. |



| Step | Action |
|------|---|
| 119. | You have submitted your changes for the marriage event. |
| | A confirmation email is sent to the primary email address on your account. You can identify your primary email address under Employee Actions > Personal Information > Personal Information Summary. End of Procedure. |