RIDER ENROLLMENT
VOLUNTARY DISABILITY CONTINUATION

UNIVERSITY OF CALIFORNIA HUMAN RESOURCES
UBEN 154 (R11/21)—Group Policy 037972

Send completed application and total calculated premium payment (checks made payable to Lincoln Financial Group) to:

Lincoln Financial Group
100 Liberty Way
MS 01G-Attn: Shauna Smith
Dover, NH 03820
Shauna.Smith@lfg.com

Incomplete form could delay processing. **Shauna Smith will send confirmation of full payment and enrollment form within 5 days of receipt.**

EMPLOYEE'S STATEMENT

NAME (Last, First, Middle Initial)	BIRTHDATE	EMPLOYEE NO.
MAILING ADDRESS WHILE ON LEAVE (Number, Street)	CAMPUS/DEPARTMENT	CAMPUS PHONE ( )
MAILING ADDRESS WHILE ON LEAVE (City, State, ZIP, Country)	CAMPUS ADDRESS (Room, Building)	

PHONE NUMBER ( )	EMAIL ADDRESS	BEGINNING/ENDING DATES OF LEAVE (Not to exceed 2 years)

Calculation of Premium Due

Pre-leave Monthly Covered Salary* Rate (maximum = $25,000)	x	VSTD, VLTD Continuation Rate for your age (as of January 1)	x	Total months of leave (not to exceed 24)	=	Premium Due (Send with completed application to address listed above.)

* Based on 100% monthly salary rate for your appointment for last full month before leave begins

I hereby apply for continuation of my University of California Voluntary (VSTD, VLTD) Disability coverage. I understand that during the period of my approved Qualified Leave my Voluntary Disability coverage will be governed solely by the terms of the Voluntary Disability Continuation Rider and that I am responsible for payment in full, in advance of my leave to Lincoln Financial Group of the total premium as calculated above and included with this application. I have submitted a UC form requesting cancellation of payroll deductions for my Voluntary Disability coverage. I understand that I must communicate in writing to Lincoln Financial Group and the University any changes in my plans with regard to the time period of the leave. All of the above statements are true to the best of my knowledge.

SIGNATURE OF EMPLOYEE	DATE

UNIVERSITY'S STATEMENT (To be completed by a University Representative and sent to Lincoln Financial Group)

TYPE OF QUALIFIED LEAVE (Attach PAF or other official documentation to this application)

APPROVED TIME PERIOD OF QUALIFIED LEAVE (From MM/DD/YY to MM/DD/YY)

PRE-LEAVE MONTHLY COVERED SALARY RATE $

ACTUAL SALARY FOR THE LAST FULL MONTH BEFORE THE APPROVED, QUALIFIED LEAVE $

Applicant is enrolled in the University's VSTD, VLTD or both immediately before beginning of Qualified Leave ..... Yes ☐ No ☐

Applicant is actively-at-work as of last full day worked before Qualified Leave ..... Yes ☐ No ☐

Date of last full day worked..... _____
MM / DD / YY

Reactivation Trigger Date _____ (To be completed by Benefits Office at the time of enrollment in Rider. Date is 60 days before pre-approved ending date of Qualified Leave.)

Please check location from which the paycheck is issued:

☐ ASUCLA	☐ UCB	☐ UCI	☐ UCLAMC	☐ UCR	☐ UCSF	☐ UCSC
☐ Hastings	☐ UCD	☐ UCIMC	☐ UCM	☐ UCSD	☐ UCSFMC	☐ ANR
☐ LBNL	☐ UCDMC	☐ UCLA	☐ UCOP	☐ UCSDMC	☐ UCSB	

SIGNATURE OF UNIVERSITY REPRESENTATIVE	TITLE	DATE

ADDRESS OF UNIVERSITY REPRESENTATIVE (Campus department and mailing address)	EMAIL ADDRESS

SEE PAGE 2 FOR PRIVACY NOTIFICATIONS

PRIVACY NOTIFICATIONS

STATE

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

The principal purpose for requesting information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law.

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

The official responsible for maintaining the information contained on this form is the Vice President—University of California Human Resources, 1111 Franklin Street, Oakland, CA 94607-5200.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The University's record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article IX, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011, 6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.