

**UCRP REEMPLOYED RETIREE NOTIFICATION FORM**  
**UNIVERSITY OF CALIFORNIA RETIREMENT PLAN (UCRP)**  
UBEN 1039 (R12/23) University of California Human Resources

Return completed form to your  
Benefits or Payroll Office.

Please see your Benefit Representative for guidance in completing this form. All retirees who receive a monthly retirement income and are reemployed in a senior management or staff position must complete this form regardless of the nature of the new appointment. Do not complete this form if you have received a lump sum cashout.

PERSONAL INFORMATION (Please type or print clearly)	
LIVED NAME (Last, First, Middle Initial)	EMPLOYEE ID NUMBER
CAMPUS/LAB/MEDICAL CENTER	CAMPUS PHONE (       )
DEPARTMENT ADDRESS	REHIRE DATE

Please check only one of the applicable below:

- ☐ **I WILL BE REEMPLOYED IN A NON-UCRP-ELIGIBLE POSITION**
- I understand that I will continue to receive my monthly UCRP retirement income.
  - I understand that I will not be considered an active UCRP member and will not accrue additional UCRP service credit during my period of reemployment.
  - I understand that if I am eligible for health insurance coverage both as an employee and as a retiree, I cannot have duplicate coverage, and if I enroll in employee health insurance coverage my retiree coverage must be suspended during my period of reemployment. (Also see Important Medicare Information below.\*)
  - I understand that unless an approved exception applies, my appointment must be limited to the equivalent of no more than 43 percent time during a 12-month period.
  - I understand that if at any time, I am reemployed in a UCRP-eligible position, I must complete a new UBEN 1039 form and my UCRP retirement income will be suspended.

OR

- ☐ **I WILL BE REEMPLOYED IN A UCRP-ELIGIBLE POSITION\***
- I understand that my monthly retirement income will be suspended.
  - I understand that if I am eligible for Retirement Choice, I can elect to participate in either Pension Choice (UCRP 2016 Tier) or Savings Choice (the DC Plan) during my rehire period. If I do not make a choice during my 90-day election period, I will be defaulted into Pension Choice. Active participation and contributions under either plan will not begin until I make an election or am defaulted to Pension Choice.
  - I understand that if I am not eligible for Retirement Choice I will automatically return to active UCRP membership in the applicable member tier or automatically resume participation in Savings Choice (the DC Plan).
  - I understand that I must make employee contributions as required to either UCRP or the DC Plan.
  - I understand that my retirement income must cease the day before my rehire date and that I am responsible for returning any monthly UCRP retirement income overpayments that I receive.
  - I understand that I must re-retire the day after my employment ends and that I must contact the UC Retirement Administration Service Center to begin the re-retirement process.

**\* Important Medicare Information:** If you or a family member covered under your medical plan is eligible for Medicare, and your appointment is for 43.75 percent time or more, your UC-sponsored medical coverage will become the primary payer. This may result in an increase to your monthly premium.

**I certify that I have read and understand the *Returning to UC Employment After Retirement Fact Sheet* and the above information.**

EMPLOYEE SIGNATURE		DATE		
FOR BENEFITS/PAYROLL OFFICE USE ONLY				
RETIREMENT/FICA INDICATOR	RETIREMENT SYSTEM CODE	FICA ELIGIBILITY	EMPLOYEE HEALTH CARE COVERAGE Y      N	BELI INDICATOR
AUTHORIZED SIGNATURE		DATE	PHONE	

**Doc Type: WAV**