

BENEFITS ELIGIBILITY LEVEL INDICATOR (BELI) AND STATUS QUALIFIER CODE (SQC)

ASSIGNMENT OR REASSIGNMENT

UPAY 726 (R2/17) University of California Human Resources

This form should be completed by an employee's department when there is an initial assignment or reassignment of either a Benefits Eligibility Level Indicator (BELI) or Status Qualifier Code (SQC). Reassignment of a BELI or SQC may be required because of changes in the employee's conditions of employment.

DEPARTMENT REMINDER: New employees should be given the New Hire Kit. Enrollment may be completed on AYS Online.

BELI CODE

The BELI code indicates an employee's eligibility for health and welfare benefits and controls access to the plans. **All employees must have a BELI assigned to them before they may enroll in benefits.** A BELI effective date must be entered, representing when the BELI status began. If the BELI has changed, have the employee sign this form and provide a copy of this form for their records.

BELI INITIAL ELIGIBILITY REQUIREMENTS—For Employees in Career, Academic, Limited, Partial Year Career, Contract and Floater Appointments		
BELI Code	Benefits Package	Requirements
1	Full Benefits	• Member of UCRP* or another UC-sponsored retirement plan
2	Mid-level	• 50% or more for 12 months or more in a class not eligible for UCRP membership (e.g., visiting titles)
3	Mid-level	• Not a member of UCRP • 100% time for at least 3 months, but less than 12 months
4	Core	• 43.75% or more but does not meet the percentage and duration requirements of BELI 1, 2, or 3
5	No benefits	• Less than 43.75%
P	Post Doctoral Scholar Benefits Plan (PSBP)	Post Doc employee, title code 3252 Post Doc fellow, title code 3253 Post Doc paid direct, title code 3254

BELI INITIAL ELIGIBILITY REQUIREMENTS—For Employees in Per Diem, Casual/Restricted (Students), By Agreement or Seasonal Appointments		
BELI Code	Benefits Package	Requirements
4	Core	• 75% for at least 3 months
5	No benefits	• Does not meet the percentage and duration requirement of BELI 4

BELI Continuing Requirements

UC bases your ongoing eligibility for benefits on your average hours of service over a 12-month, standard measurement period (SMP). UC's SMP for monthly-paid employees is Nov. 1–Oct. 31; for bi-weekly paid employees, the SMP includes the pay periods inclusive of those same dates (for example, in 2017, it runs Nov. 6, 2016 until Nov. 4, 2017).

If your hours during the SMP meet the threshold to be offered coverage, then that coverage must be offered, and if accepted, will be provided during the subsequent stability period, regardless of your number of hours during the stability period (as long as you

remain employed). UC's standard stability period for all employees is Jan. 1–Dec. 31. If your hours during the SMP do not meet the threshold, then all coverage ends on Dec. 31.

The required average hours of service threshold is:

- For Career, Academic, Limited, Partial-Year Career, Contract, Floater: 17.5 hours per week
- For Per Diem, Casual/Restricted (students), By Agreement or other flat-dollar payments, Seasonal: 30 hours per week

STATUS QUALIFIER CODE (SQC)

The SQC is used to prevent employees in qualified status situations from being reported as out of compliance on BELI Control Reports. Below are the allowable qualified status categories and their respective Status Qualifier Codes:

SQC Code	Qualified Status Category
10	Not currently in use
20	Average Appointment Percent Employee (Academic)
25	Academic Student Employee Graduate Student Researcher
30	Extended Sick Leave Recipient
40	Stay at Work/Return to Work
50	Not currently in use
60	Seasonal Employee
70	Not currently in use
80	Not currently in use
90	Sabbatical/Leave for Professional Renewal

SQCs should be entered on this form when a qualifying condition exists and should be deleted when the condition no longer applies. **No action is required in the SQC section unless a qualifying condition exists.**

Status Qualifier Date

A Status Qualifier Date must be entered representing when the qualified status began.

Deleting the SQC and Status Qualifier Date

To delete an SQC when the qualifying condition no longer applies, enter an asterisk in the appropriate box on the form for the SQC being deleted and for the status qualifier date.

* Generally, there are three ways to qualify for UCRP membership:

- 1) appointed to work at least 50% time for a year or more in an eligible position;
- 2) worked 1,000 hours in a rolling 12-month period in a position eligible for UCRP membership.
- 3) Members of the Non-Senate Instructional Unit qualify for UCRP membership after working 750 hours in an eligible position within a 12-month period.

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Fill in all the pertinent information. Send this form to your Accounting or Benefits Office or the person handling benefits for your department.

EMPLOYEE INFORMATION			
EMPLOYEE NAME (Last, First, Middle Initial)		ENTRY DATE	PERIOD OF INITIAL ELIGIBILITY DATE
EMPLOYEE ID NUMBER	SOCIAL SECURITY NUMBER	CAMPUS/LAB	DEPARTMENT

BELI CODE ACTION

INITIAL APPOINTMENT—BELI FOR NEW EMPLOYEE: Your BELI is being set to _____. This chart represents the health and welfare benefits associated with each benefits package.

Health and Welfare Benefit Packages for Faculty and Staff	Medical	Core Medical	Dental, Vision	Legal	Basic Life	Core Life	Supplemental Life	Basic Dependent Life	Expanded Dependent Life	Basic Disability	Voluntary Short-Term/Long-Term Disability	AD&D, Health FSA, TIP	Auto/Home/Renter	DepCare FSA
<input type="checkbox"/> Full Benefits BELI 1	yes*	yes*	yes	yes	yes		yes	yes	yes**	yes	yes	yes	yes	yes
<input type="checkbox"/> Mid-level BELI 2,3	yes*	yes*		yes		yes	yes	yes	yes**	yes	yes	yes	yes	yes
<input type="checkbox"/> Core BELI 4		yes		yes		yes				yes	yes	yes		yes
<input type="checkbox"/> No benefits BELI 5														
<input type="checkbox"/> ASE/GSR BELI 5														yes

* May not be enrolled in medical and Core medical plans concurrently.
 ** Must be enrolled in Supplemental Life.

Health and Welfare Benefit Packages for Post Doctoral Scholars	Medical	Dental, Vision	Standard Life	Short-Term Disability	Voluntary Long-Term Disability	AD&D, Health FSA, TIP
<input type="checkbox"/> Post Doctoral Scholar Benefits Plan BELI P	yes	yes	yes	yes	yes	yes

CHANGE OF BELI FOR CONTINUING EMPLOYEE
 Your average hours have not met the required threshold during an applicable measurement period or a change in your employment status has occurred which impacts eligibility for benefits. The current BELI of _____ has been changed to _____.

CORRECTION OF ERRONEOUSLY ASSIGNED BELI: Your current BELI of _____ has been changed to _____.

EMPLOYEE ACKNOWLEDGMENT: Your signature indicates neither agreement nor disagreement with your BELI, but it does indicate that you have been advised of the assignment and that you understand the effect that may occur. Detailed information about this BELI change, including information about COBRA and conversion rights, if appropriate, is being provided to you. Further information is available from your Benefits Representative.

EMPLOYEE SIGNATURE	DATE
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BELI CODE ACTION AND EFFECTIVE DATE		
Indicate BELI code and effective date in boxes provided	ASSIGNED BELI	BELI EFFECTIVE DATE
		MO DAY YEAR

STATUS QUALIFIER CODE ACTION		
Indicate qualifier code and date in boxes provided	QUALIFIER CODE	QUALIFIER DATE
PRIMARY QUALIFIER CODE		MO DAY YEAR

REQUIRED SIGNATURES		
COMPLETED BY	PHONE	DATE
DEPARTMENT APPROVAL	PHONE	DATE