

# ELIGIBILITY APPEAL FORM FOR HEALTH & WELFARE BENEFITS PLANS

UBEN 177 (R9/23) University of California Human Resources

Email to: HealthAndWelfareBenefitsAppeal-L@ucop.edu  
or  
Mail to: Executive Director  
Benefits Programs & Strategy  
ATTN: Health and Welfare Plan Appeals  
University of California  
1111 Franklin Street  
Oakland, CA 94607

Complete this form to appeal denial of eligibility for health and welfare benefits. Do not use this form to appeal denial of claims; contact the plan carrier/administrator for the claims appeal process. For UC retirement plan appeals, contact the UC Retirement Administration Service Center (RASC) <https://ucnet.universityofcalifornia.edu/contacts/rasc.html>. Eligibility appeals are reviewed within 60 days of submission, provided relevant documentation has been received in a timely manner upon request to the employee or plan. The Appeals Committee at the UC Office of the President is separate from the UCPath Center and conducts an independent review of each appeal.

If a field is not applicable, enter "N/A"  
Please keep a copy of this form for your records.

## INFORMATION

EMPLOYEE NAME (Last, First, Middle Initial)		DATE OF APPEAL (mm/dd/yyyy)
EMPLOYEE ID (8-digit number issued by UCPath)	LOCATION OF EMPLOYMENT (e.g., UCLA Campus, UCLA Medical Center)	
DATE OF BIRTH (mm/dd/yyyy)	EMAIL ADDRESS	ALTERNATE EMAIL ADDRESS
HOME MAILING ADDRESS (Number, Street)		PHONE (Including Area Code)
(City, State, ZIP)		ALTERNATE PHONE (Including Area Code)
HAS THE UCPATH CENTER DENIED YOUR REQUEST? <input type="checkbox"/> YES <input type="checkbox"/> NO		UCPATH CASE NUMBER / EFORM NUMBER

1. WHAT PLANS DOES YOUR APPEAL INVOLVE? (Examples: UC Care medical plan, Delta Dental PPO plan, VSP vision plan, ARAG legal plan, Health Flexible Spending Account, COBRA, etc.):

2. WHAT ARE THE ACTIONS YOU ARE REQUESTING FOR THE ABOVE PLANS? PLEASE STATE CLEARLY WHAT YOU ARE REQUESTING THE APPEALS COMMITTEE TO DO:

3. WHAT IS THE EFFECTIVE DATE OF THE CHANGES YOU ARE REQUESTING FOR THE ABOVE PLANS? (mm/dd/yyyy):

4. DESCRIBE THE EXTENUATING CIRCUMSTANCES THAT SUPPORT YOUR APPEAL:

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5. DESCRIBE A CHRONOLOGICAL TIMELINE OF EVENTS THAT SUPPORT YOUR APPEAL:

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6. DESCRIBE AND ATTACH ANY DOCUMENTS THAT SUPPORT YOUR APPEAL:

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7. DESCRIBE THE REASON PROVIDED BY UCPATH FOR DENYING YOUR REQUEST:

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**SIGNATURE**

I certify that the information on this form is true and correct.

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EMPLOYEE SIGNATURE

DATE (mm/dd/yyyy)

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**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.