

**MEDICAL COVERAGE OPT OUT DURING PANDEMIC—
EMPLOYEES ONLY**
HEALTH AND WELFARE PLANS
 UBEN 230 (R5/20) University of California Human Resources

Visit UCPATH Online, submit an inquiry and attach the form
 Fax to: 855-982-2329
 Mail to: UCPATH Center
 14350-1 Meridian Parkway
 Riverside, CA 92518

PERSONAL INFORMATION		
NAME (Last, First, Middle Initial)	EMPLOYEE I.D. NO.	DAYTIME PHONE ()
HOME ADDRESS (Number, Street)	BIRTHDATE (MO/DY/YR)	
(City, State, ZIP)	WORK EMAIL ADDRESS	

OPT OUT OF UNIVERSITY-SPONSORED COVERAGE

I attest that I am enrolled in, or immediately will enroll in, one of the following types of coverage (check applicable box):

- Employer-sponsored health coverage through the employer of my spouse, domestic partner or parent
- Individual health insurance coverage enrolled in through the Health Insurance Marketplace (also known as Covered California or the Health Insurance Exchange). I understand I will not be eligible for premium subsidy of a Marketplace plan when I am eligible for UC coverage.
- Medicaid
- Medicare
- TRICARE
- Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) or
- Other coverage that provides comprehensive health benefits (for example, health insurance purchased directly from an insurance company or health insurance provided through a student health plan)

ELECTION	
EMPLOYEE SIGNATURE	DATE

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 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.