

# INTERLOCATION TRANSFER REQUEST - BENEFITS UCPC UFIN301A

FR.048

The UCPC UFIN301A Form allows the University of California to submit available personnel information between locations to ensure that the transferring employee will have continuous benefit coverage without any interruption in service. Click here to access form instructions and definitions.

**SECTION 1. KEY INFORMATION - Required** 

SECTION 1. KET INFORMATI	iOiv - Kequ	iireu										
Employee Last Name		Ei	Employee First Name								M.I.	
UCPath Employee ID # (8 Digits)	)	Employee Date of Birth (m/d/yyyy) PPS					Employee ID # (9 Digits)					
I-9 Date (m/d/yyyy)	Oath Date (m/d/yy	уу)		Pate	nt Da	ite (m/d	/уууу)					
<b>Work Authorization End Date</b>	(m/d/yyyy)	Visa Type	Citizenship Code			Last Day Worked (m/d/yyyy)						
Original Hire Date (m/d/yyyy)	Terminati	ion Date (m/d/yyyy)	Pay Date (m/d/yyyy)			Separation Code						
Transferring From		Transferring To				Effective Date of Transfer/Rehire					ire	
Submitted By		Date Submitted (m/d/yyyy)					уууу)					
Submitter's Phone	Submitter's Emai	1										

SECTION 2. ENROLLED BENEFITS - This section only required for break in service of less than 120 days

Benefits Eligibility Date (m/d/yyyy)			MCB CUR/NXT \$							OAS	OASDI/MED				
											E	<u> </u>	M N		
State Do Partners D		n TIP	)	Reti	rement	Systen	n						Vesting Start Date (m/d/yyyy)		
V	NI.	.,		N	Н	В	U	1	Р	F	S	0			
Yes No	Yes	No	W	6	Α	Т	D	7	8	С	Χ				
Medical Plan Nan		ne Coverage Code						Cove	Covered Through (m/d/yyyy)						
Medical	dical														
_		<b>Dental Plan</b>	n Name	e Coverage Code						Covered Through (m/d/yyyy)					
Dental															
		Vision Plan Name				Cov	Coverage Code				Cove	Covered Through (m/d/yyyy)			
Vision															
						Cov	verage	Code			Cove	ered Thi	rough (m/d/yyyy)		
Legal		Yes	No	)											

The retention schedule for this form can be found at http://recordsretention.ucop.edu/.

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<b>SECTION 2.</b>	<b>ENROLLED BENEFITS</b>	(continued)	١
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		,	,								
Supplemental Life	Plan Code			Annual Salary			Effective Date (m/d/yyyy)				
Supplemental Life											
Damandant Life	Plan Code					Effective	<i>(</i> )				
Dependent Life											
Supplemental	Plan Waiting P	erio	d			Monthly	Salary		Effective Date (m/d/yyyy)		
Disability (Prior to 1/1/2017)											
Voluntary	Voluntary Disability				Effective Date – Short-Term			Effective Date – Long-Term			
Disability	Short Term		Long Term								
AD 9 D	Coverage Code			Principal Sum				Effective Date (m/d/yyyy)			
AD&D											
	Annual Amoun	t				YTD Bala	nce				
DepCare FSA											
Haalth ECA	Annual Amount					YTD Balance					
Health FSA											
Heelth HCA	Annual Amount				YTD Balance						
Health HSA											
403(b) MAC Amount			457(b) MAC Amount			UCRP Buyback Deduction Amou					
<b>Estimated Vacation</b>	Balance	As	s of Date (m/d/yyyy) Estima			ed Sick Leave Balance			As of Date (m/d/yyyy)		
					1				L		

## SECTION 3. OTHER DEDUCTIONS - This section only required for break in service of less than 120 days

<b>Description of Deduction</b>	Monthly Deduction Amount				

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### SECTION 4. ENROLLED DEPENDENT INFORMATION

This section only required for break in service of less than 120 days

(If more than six dependents, please attach an additional sheet to the back of this form.)

Dependent Name	Date of Birth	Relationship	Gender		Full SSN	Medical	Dental	Vision	Legal
			М	F					
			М	F					
			М	F					
			М	F					
			М	F					
			М	F					

## SECTION 5. BENEFITS ELIGIBILITY DATA - This Section for PPS to PPS Transfer Only

Assigned BELI	Derived B	BELI	Effective Date (m/d/yyyy)			
BELI Status Qualifiers	Primary		Date (m/d/yyyy)	Second	lary	Date (m/d/yyyy)

SECTION 6. COMMENTS		

### **SECTION 7. INTERNAL USE ONLY (RECEIVING LOCATION)**

Processed By		<b>Completion Date</b>
Title	Department	

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## UCPath Center

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## **Policy and Practice:**

UC final earnings payment policy and practice mandates the payout of terminal vacation/PTO by the terminating location upon separation with a break in service prior to rehire at another UC location.

### **Disclaimers:**

If current date is less than 30 days from the separation date, the displayed balances/accumulators/grosses may be incomplete. Mitigation strategies are recommended.

- Disclaimer: The Interlocation Transfer Application may need to be utilized again for this employee as a
  follow-up by the hiring location to ensure that all balances/accumulators/grosses, initially retrieved, are
  now finalized and have taken into consideration all final earnings payments, trailing severance payments
  and final leave usage/accrual/adjustments.
- Contact the Intercampus/Interlocation Transfer Coordinator with any questions.

If employee was in a pre-2016 UC retirement tier AND there has been a bona fide break in service, AND the start date at the new location is in a later month than the date of separation at the terminating location, then the retirement code values retrieved are for informational purposes and may no longer be germane.

### **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 office responsible for maintaining the information contained on this form is the UCPath Center, 14350-1 Meridian Parkway, Riverside, CA 92518.

## **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.

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