UNIVERSITY OF CALIFORNIA UCPath

2026 POST DOCTORAL SCHOLAR UNPAID LEAVE AND SHORT WORK BREAK OPEN ENROLLMENT FORM

*Indicates Required Fields

SECTION 1. KEY PERSONAL INFORMATION

EMPLOYEE NAME (Last, First, Middle Initial)*	EMPLOYEE ID NUMBER*	EMPLOYEE PHONE*

SECTION 2. DEPENDENTS

Please list each eligible dependent and provide their personal details. You must complete the following section for all dependents that will be added/removed. For each dependent, indicate whether you are adding (A) or removing (D) coverage in the appropriate benefit columns. Dependents may only be enrolled in plans in which you are currently enrolled. If you have more than five dependents, please use a second form. In accordance with the Affordable Care Act (ACA), employers are required to make reasonable efforts to obtain Social Security numbers for employees, spouses/domestic partners, and dependents.

NAME (Last, First, Middle Initial)	DATE OF BIRTH (mm/dd/yyyy)	GENDER (M/F/U[1])	RELATIONSHIP CODE[2]	EMPLOYEE TAX[3] DEPENDENT	SPOUSE/ DOMESTIC PARTNER TAX[4] DEPENDENT (Yes/No)	SOCIAL SECURITY NUMBER	MEDICAL	DENTAL	VISION	LEGAL
Dependent 1		-	-	-	-					
Dependent 2		-	-	-	-					
Dependent 3		-	-	-	-					
Dependent 4		-	-	-	-					

[1] **U** should be used to indicate any status other than Male or Female, including but not limited to Different Identity, Nonbinary, Genderqueer and Decline to State.
[2] Relationship Codes: **S**: Spouse, **R:** Registered Domestic Partner, **N:** Not Registered Domestic Partner, **C:** Child (biological or adopted), **P:** Stepchild, **G:** Grandchild, **W:** Legal Ward, **K**: Domestic Partner's Child or Grandchild, **O**: Overage Disabled Child. Must be a tax dependent of employee or spouse/domestic partner unless SSI exception applies.
[3] Dependent eligibility requirements may be found in the "Eligible Family Members" section of the Complete Guide to Your UC Health Benefits.
[4] If your domestic partnership is registered and you are the child's stepparent under state law, use Code **"P"** for Stepchild. If not, use Code **"K"**.

SECTION 3. TAX SAVINGS ON INSURANCE PREMIUMS (TIP)

Your medical premiums will automatically be deducted on a pre-tax basis. If you wish to decline and have deductions occur on a post-tax basis instead, check the box below and place your initials next to it.

☐ Decline /Opt out of TIP _____ Initials

SECTION 4. BENEFIT ELECTIONS

If you leave this section blank, your 2025 elections will carry forward to 2026, except for Health and Dependent Care Flexible Spending Accounts.

MEDICAL PLAN

ENROLL:

PPO Plan:
☐ HealthNet

HMO Plan:
☐ HealthNet [1]

☐ DECLINE MEDICAL PLAN

[1] HMO plans require you to live or work in their service area.

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MEDICAL PLAN (CONTINUED)

If enrolling in **HealthNet HMO**, please provide the 9-10 digit ID Primary Physician Group (PPG) or Primary Care Physician (PCP) ID number to avoid auto-assignment. Also, list PCP ID number for each dependent if different than yours.

Employee PPG / PCP 9-10 digit ID#	☐ Check if current physician	☐ Check if same PPG/PCP for all dependents
Dependent 1 PPG / PCP 9-10 digit ID#	☐ Check if current physician	
Dependent 2 PPG / PCP 9-10 digit ID#	☐ Check if current physician	
Dependent 3 PPG / PCP 9-10 digit ID#	☐ Check if current physician	
Dependent 4 PPG / PCP 9-10 digit ID#	☐ Check if current physician	

DENTAL

☐ ENROLL: PRINCIPAL FINANCIAL GROUP POS ☐ ENROLL: HEALTH NET DHMO ☐ DECLINE DENTAL PLAN

If enrolling in Delta Care® USA DHMO please provide the Primary Care Dentist (PCD) ID number to avoid auto-assignment.

Employee PCD ID#	☐ Check if same PCD for all dependents
Dependent 1 PCD ID#	Dependent 3 PCD ID#
Dependent 2 PCD ID#	Dependent 4 PCD ID#

VISION SERVICE PLAN (HealthNet Vision PPO)

☐ ENROLL ☐ DECLINE

FLEXIBLE SPENDING ACCOUNTS (FSA-Administered by WEX)

NOTE: You are not eligible to enroll at this time; you will have the opportunity to do so upon your return to pay status.

SECTION 5. LATE ENROLLMENT

The Late Enrollment Request section is for employees who need to enroll in benefit plans once they have missed the Open Enrollment Period (OEP) or Period of Initial Eligibility (PIE), or for Faculty second PIE.

REASON FOR LATE ENROLLMENT

Please indicate the reason you are requesting late enrollment:

90 DAY WAITING PERIOD FOR MEDICAL OPTION

Per UC Policy, an employee who is not enrolled in any medical plan because a Period of Eligibility (PIE) or Open Enrollment Period was missed may enroll in a No TIP (after-tax) medical plan subject to a 90-day waiting period.

If your late enrollment request is denied, do you want to be enrolled in a medical plan subject to a 90-day waiting period?

☐ **Yes**, I would like to be enrolled in the 90-day waiting period medical plan ☐ **No**, I want to decline medical coverage.

SECTION 6. AUTHORIZATION AND SIGNATURE

My signature below indicates I have read and understand the "Terms and Conditions" on this form as well as the eligibility requirements of the beneft plans in which I have enrolled. I declare under penalty of perjury that all of the above information is true to the best of my knowledge. I understand that if I left a plan section blank, my current 2025 elections for that plan will carry over (with exception of Health FSA and DepCare FSA if eligible). I agree it is my responsibility to check my earnings statements to verify my current benefts enrollments and deductions.

Signature* _____ **Date*** _____

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Purpose:

The **2026 Open Enrollment Postdoctoral Scholar Health Benefits Open Enrollment** period runs from **October 30 - November 21, 2025**. The purpose of this form is to allow you, the employee who does not have access to UCPath online, to elect 2026 health and welfare benefits. Any benefits you elect using this form are effective **January 1, 2026**.

Use:

If no action is taken and no changes are made to your benefits, your current 2025 elections will carry over to 2026, with the exception of Flexible Spending Accounts (FSA).

You will need to take action during Open Enrollment if you would like to:

- Make changes to your current benefit elections. See the Open Enrollment Matrix on the enclosed letter for guidance on eligible enrollments or changes
- Add eligible family members

Instructions:

Section 1: Complete this section with your personal information.

Section 2: List yourself and all family members, including personal details. Then, check the box(es) of the benefit plan(s) in which your dependents will be enrolled. You may only enroll family members into plans in which you are enrolled. Please note: The Affordable Care Act (ACA) requires employers to make reasonable efforts to obtain Social Security numbers for employees, spouses/domestic partners and children.

Section 3: Opt Out of Tax Savings on Insurance Premiums: Complete this section only if you have enrolled in medical coverage online via UCPath and are declining/opting out of the Tax Savings on Insurance Premium (TIP) program. If you choose to decline/opt out, please check the box and initial next to it to confirm your selection. For more information, please refer to the TIP summary plan description.

Section 4: Select your 2026 benefits by checking the box(es) for the appropriate plan(s). If you leave a section blank, your current 2025 election for that plan will carry over to 2026.

Section 5: The late enrollment request section is for employees who need to enroll in benefit plans once they have missed the open enrollment period (OEP). Only fill out this section if you are completing this form after the Open Enrollment Period. Please also note that if you are selecting a medical plan to indicate if you would like to participate in the after tax 90-day waiting period.

Section 6: When you have completed your form, sign your first and last name in the signature area and date it.

Submission Instructions:

Use one of the following methods to submit your completed form. After your form is processed, you will receive an email confirming that your elections have been submitted. By the second week of December, UCPath will send you another email when your confirmation statement is available in UCPath.

UCPath:

- Log in to UCPath using your Single Sign On (SSO)
- Click **Ask UCPath**
- Select **Submit An Inquiry**
- Under "What can UCPath assist you with?"
  - Specify what UCPath can assist you with, be sure to include "**LWOP OE**"
- Under the detailed description section,
  - Include a detailed description of your issue, be sure to include the term "**LWOP Open Enrollment PDF Form**"

Email:

ucpath@universityofcalifornia.edu

- In the subject line, write: **LWOP OE**
  - If the subject line does not read "**LWOP OE**" your open enrollment form may not be processed

Postal Mail:

UCPath
14350-1 Meridian Parkway
Riverside, CA 92518

Deadline:

All forms must be submitted on or before 5:00pm (PT) November 21, 2025. If submitted by mail, forms must be postmarked by November 21, 2025. If you need to make additional changes, please submit another fully-completed form. If you submit multiple forms, UCPath will process the most recently dated form as your final elections.

Contact Information:

If you have questions, contact UCPath at (855) 982-7284 Monday - Friday 8am - 5pm (PT).

Employees Eligible for Postdoctoral Scholars Benefits Program

PARTICIPATION TERMS AND CONDITIONS

Your Social Security number, and that of your enrolled family members, is required for purposes of benefit plan administration, for financial reporting, to verify your identity, and for legally required reporting purposes all in compliance with federal and state laws.

If you are confirmed as eligible for participation in UC-sponsored Postdoctoral Scholar benefit plans (PSBP) you are subject to the following terms and conditions:

1. The UC-sponsored Postdoctoral Scholar (Postdoc) medical plans require resolution of disputes through arbitration. With regard to each plan, by your written or electronic signature, IT IS UNDERSTOOD AND YOU AGREE THAT ANY DISPUTE AS TO MEDICAL MALPRACTICE - THAT IS, AS TO WHETHER ANY MEDICAL SERVICES RENDERED UNDER THE CONTRACT WERE UNNECESSARY OR UNAUTHORIZED OR WERE IMPROPERLY, NEGLIGENTLY OR INCOMPETENTLY RENDERED - WILL BE DETERMINED BY SUBMISSION TO ARBITRATION AS PROVIDED BY CALIFORNIA LAW AND NOT BY A LAWSUIT OR RESORT TO COURT PROCESS, EXCEPT AS CALIFORNIA LAW PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. BOTH PARTIES TO THE CONTRACT, BY ENTERING INTO IT, ARE GIVING UP THEIR CONSTITUTIONAL RIGHT TO HAVE ANY SUCH DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY AND INSTEAD ARE ACCEPTING THE USE OF ARBITRATION. For more information about each plan's arbitration provision please see the appropriate plan booklet or call the plan.
2. UC and Postdoctoral Scholar health and welfare plan vendors comply with federal/state regulations related to the privacy of personal/confidential information including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as applicable. To fulfill the responsibilities and perform the service required under contracts with UC, health plans and associated service vendors may share UC Postdoctoral Scholar member health information between and among each other within the limits established by HIPAA and federal/state regulations for purposes of health care operations, payment, and treatment. A member's requested restriction on the sharing of specified protected health information for health care operations, payment, and treatment will be honored as required by HIPAA.
3. By making an election with your written or electronic signature you are authorizing the University to take deductions from your earnings to cover your contributions toward the monthly costs (if any) for the plans you have chosen for yourself and your eligible family members. Postdocs who are paid through the payroll system will have their deductions for the contributions taken from their paychecks. Gallagher Benefit Services will collect contributions for those Postdocs without sufficient payroll to pay for the contributions. You are also authorizing UC to transmit your enrollment demographic data to the plans and associated service vendors in which you are enrolled.
4. You are subject to all terms and conditions of the UC-sponsored Postdoc plans in which you are enrolled as stated in the plan booklets and the University of California Postdoctoral Scholar Benefit Plan's (PSBP) Group Insurance Regulations.
5. By enrolling individuals as your family members you are certifying that those individuals are eligible for coverage based on the definitions and rules specified in the University of California PSBP Group Insurance Regulations. You are also certifying under penalty of perjury that all the information you provide regarding the individuals you enroll is true to the best of your knowledge.
6. If you enroll individuals as your family members you must provide, upon request, documentation verifying that those individuals are eligible for coverage. The carrier may also require documentation verifying eligibility. Verification documentation includes, but is not limited to, marriage or birth certificates, domestic partner verification, adoption papers, tax records and the like.
7. If your enrolled family member loses eligibility for UC-sponsored Postdoc coverage (for example because of divorce or loss of eligible child status) you must notify UC by de-enrolling that individual. If you wish to make a permitted change in your health coverage you must notify UC within 31 days of the eligibility loss event; for purposes of COBRA, eligibility loss notice must be provided to UC within 60 days of the family member's loss of coverage. However, regardless of the timing of notice to UC, coverage for the ineligible family member will end on the last day of the month in which the eligibility loss event occurs (subject to any continued coverage option available and elected.)
8. Making false statements about satisfying eligibility criteria, failing to timely notify the University of a family member's loss of eligibility, or failing to provide verification documentation when requested may lead to de-enrollment of the affected family members. Postdocs may also be subject to disciplinary action and de-enrollment from health benefits and may be responsible for any costs of benefits provided and UC-paid premiums due to misuse of plan.
9. Under current state and federal tax laws, the value of the contribution UC makes toward the cost of Postdoc health coverage provided to domestic partners and certain other family members who are not "your dependents" under state and federal tax rules may be considered imputed income that will be subject to income taxes, FICA (Social Security and Medicare), and any other required payroll taxes. (Coverage provided to California registered domestic partners is not subject to imputed income for California state tax purposes.)
10. If you specifically ask UC and/or Gallagher Benefit Services representatives to intercede on your behalf with your insurance plan, University and/or Gallagher Benefit Services representatives will request the minimum necessary protected health information required to assist you with your problem. If more protected health information is needed to solve your problem, in compliance with state laws and federal privacy laws (including HIPAA), you may be required to sign an authorization allowing UC and/or Gallagher Benefit Services to provide the health plan with relevant protected

health information or authorizing the health plan to release such information to the University representative.

11. Actions you take during Open Enrollment will be effective the following January 1 unless otherwise stated, provided all electronic and form transactions have been completed properly and submitted timely.

IMPORTANT NOTICES

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) NOTIFICATION FOR MEDICAL PROGRAM ELIGIBILITY

If you are declining enrollment for yourself or your eligible family members because of other medical insurance or group medical plan coverage, you may be able to enroll yourself and your eligible family members* in a UC- sponsored Postdoc medical plan if you or your family members lose eligibility for that other coverage (or if the employer stops contributing toward the other coverage for you or your family members.) You must request enrollment within 31 days after you or your family member's other medical coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a newly eligible family member as a result of marriage or domestic partnership, birth, adoption, or placement for adoption, you may be eligible to enroll yourself, as well as your newly eligible family member. You must request enrollment within 31 days after the marriage or partnership, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible family member because of coverage under Medicaid (in California, Medi-Cal) or under a state children's health insurance program (CHIP) you may be able to enroll yourself and your eligible family members in a UC-sponsored Postdoc plan if you or your family members lose eligibility for that coverage. You must request enrollment within 60 days after your coverage or your family members' coverage ends under Medicaid or CHIP.

Also, if you are eligible for health coverage from UC but cannot afford the premiums, some states have premium assistance programs that can help pay for coverage. For details, contact the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services at www.cms.gov or 1-877-267-2323 ext. 61565.

IF YOU DO NOT ENROLL YOURSELF AND/OR YOUR FAMILY MEMBER(S) IN POSTDOC MEDICAL COVERAGE WITHIN THE 31 DAYS WHEN FIRST ELIGIBLE, WITHIN A SPECIAL ENROLLMENT PERIOD DESCRIBED ABOVE, OR WITHIN AN OPEN ENROLLMENT PERIOD, YOU MAY BE ELIGIBLE TO ENROLL AT A LATER DATE. However, even if eligible, each affected individual will need to complete a waiting period of 90 consecutive calendar days before medical coverage becomes effective and premiums may need to be paid on an after-tax basis. Otherwise, you/they can enroll during the next Open Enrollment Period.

To request special enrollment or obtain more information, Postdocs should contact Gallagher Benefit Services (1-800-254-1758) or universityservices.gbs.psbp@ajg.com.

Note: If you are enrolled in a UC Postdoc medical plan you may be able to change medical plans if:

- you acquire a newly eligible family member; or

- your eligible family member loses other coverage.

In either case you must request enrollment within 31 days of the occurrence.

In addition to the special enrollment rights you have under HIPAA, the University's Group Insurance Regulations (GIRs) permit you to change medical plans under certain other conditions. See GIRs for additional detail.

* TO BE ELIGIBLE FOR PLAN MEMBERSHIP, YOU AND YOUR FAMILY MEMBERS MUST MEET ALL UC POSTDOC ENROLLMENT AND ELIGIBILITY REQUIREMENTS. AS A CONDITION OF COVERAGE, ALL PLAN MEMBERS ARE SUBJECT TO ELIGIBILITY VERIFICATION BY THE UNIVERSITY AND/OR INSURANCE CARRIERS, AS DESCRIBED ABOVE IN THE PARTICIPATION TERMS AND CONDITIONS.

By authority of the Regents, University of California Human Resources located in Oakland administers all benefit plans in accordance with applicable plan documents and regulations, custodial agreements, University of California PSBP Group Insurance Regulations, group insurance contracts, and state and federal laws. No person is authorized to provide benefits information not contained in these source documents and information not contained in these source documents cannot be relied upon as having been authorized by the Regents. Source documents are available for inspection upon request from Gallagher Benefit Services (800-254-1758) or universityservices.gbs.psbp@ajg.com. What is written here does not constitute a guarantee of plan coverage or benefits--particular rules and eligibility requirements must be met before benefits can be received.

The University of California intends to continue the benefits described here indefinitely; however, the benefits of all Postdocs and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the University or other governing authorities. The University also reserves the right to determine new premiums, employer contributions, and monthly costs at any time. Health and welfare benefits are not accrued or vested benefit entitlements. UC's contribution toward the monthly cost of the coverage is determined by UC and may change or stop altogether and may be affected by the state of California's annual budget appropriation. If you belong to an exclusively represented bargaining unit some of your benefits may differ from the ones described here. For more information, Postdocs should contact Gallagher Benefit Services (800-254-1758) or universityservices.gbs.psbp@ajg.com.

In conformance with applicable law and University policy, the University is an affirmative action/equal opportunity employer. Please send inquiries regarding the University's affirmative action and equal opportunity policies to the Office of Academic Personnel, University of California Office of the President, 1111 Franklin Street, Oakland CA 94607.