

**NO LAPSE IN PAY**  
**UNIVERSITY OF CALIFORNIA RETIREMENT PLAN (UCRP)**  
 UCRS 168 (R9/23) University of California Human Resources

Send completed form to:  
 Retirement Administration  
 Service Center  
 P.O. Box 24570  
 Oakland, CA 94623-1570  
 Fax: 800-792-5178

Use this form to request a provisional UCRP monthly retirement benefit and continuation of retiree health benefits, if eligible, with the acknowledgment that: (i) the final calculation of your UCRP monthly retirement income (MRI) benefit will be reviewed by the UC Retirement Administration Service Center (RASC), and (ii) there may be adjustments to your benefit, resulting in an increase or a decrease in your MRI retroactive to your retirement date and prospectively thereafter.

**Please keep a copy of this form for your records.**

**Do not submit this form if you do not intend to participate in this program.**

This form may be used by a member who has elected to retire and wishes to receive provisional retirement benefit payments between their retirement date and the first date of their final calculation.

To qualify, you must:

- Retire on January 3, 2024
- Submit this request form to the RASC by November 15, 2023
- Select a monthly benefit payment option (Lump Sum Cashout is not eligible for this program)
- Submit signed election form and all required supporting documents to the RASC by November 15, 2023

**IMPORTANT NOTE:** Your request is subject to approval by the RASC. There may be special circumstances which extend processing time, and you may not qualify or be approved. Eligibility for the program is determined by the RASC and you will be notified in writing.

**PERSONAL INFORMATION**

NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	CAMPUS/LAB/MEDICAL CENTER
MAILING ADDRESS (Number, Street)	EMPLOYEE ID NUMBER	EMAIL ADDRESS
MAILING ADDRESS (City, State, ZIP)	DATE OF BIRTH	PHONE NUMBER

**DECLARATION OF REQUEST TO RECEIVE A PROVISIONAL MONTHLY RETIREMENT BENEFIT PAYMENT**

I, \_\_\_\_\_, request to participate in the No Lapse in Pay Program.  
PRINT FULL NAME

**SIGNATURE**

My signature below certifies that:

- I understand the financial impact of requesting a provisional monthly retirement benefit payment and how it relates to my retirement objectives.
- I understand that the provisional monthly retirement benefit payment may be adjusted subsequently, resulting in an increase or a decrease in my MRI, once my MRI has been reviewed by the RASC.
- I understand that if, as a result of a decrease in the amount of my provisional monthly retirement benefit payment, I am responsible for the return or repayment of any overpayment made to me. Further, I hereby authorize UCRP to deduct from my MRI an amount equal to the overpayment of benefits made to me in order for me to repay any amount I owe to UCRP, before the end of the tax year.
- If the provisional monthly retirement benefit amount paid to me is less than the MRI to which I am entitled under UCRP, I understand and I agree that I will receive the difference as an adjustment in the form of a one-time payment no later than the end of the tax year. I further certify that I have read this form and understand the implications of my request to receive a provisional monthly retirement benefit payment before the final calculation of my MRI benefit and confirmed by the RASC.

SIGNATURE

DATE

This form is subject to review and approval.

**FOR INTERNAL USE ONLY**

RECEIPT DATE	ELIGIBLE TO PARTICIPATE? Yes / No	DATE OF U168 ELECTION
APPROVED OR DENIED	REVIEWER NAME	OUTGOING LETTER 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, 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.

### NOTICE

The request you make with this form is subject to the applicable plan provisions and the policies and rules that govern them. If a conflict exists between terms described on this form and the plan documents, the plan documents govern. The Plan Administrator has the authority to interpret disputed provisions.

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, University of California Group Insurance Regulations for Faculty and Staff, and state and federal laws. Source documents are available for upon request (800-888-8267). If you belong to an exclusively represented bargaining unit, some of your benefits may differ from the ones described here. The University of California intends to continue the benefits described here indefinitely; however, the benefits of all employees, retirees 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.