

Use this Benefits eForm to submit a Life Event. This example demonstrates how the Benefits eForm recognizes a Late Enrollment, when the date of the Life Event is outside of the Period of Initial Eligibility (PIE)

Menu Navigation:

Forms Library > Access Forms > **Benefits eForms: Submit New Form**

Detailed information and guides for UC Benefits Plans is available on UCnet:

<https://ucnet.universityofcalifornia.edu/compensation-and-benefits/index.html>

Note: This example uses sample images as seen on a computer. Sample images appear differently on a tablet or smartphone, but the steps remain the same.

Step	Action
1.	<p>Event Date: The Event Date for a Life Event must be in the past. A benefits change for a future dated Life Event cannot be processed prior to the event date.</p> <p>Late Enrollment: The Benefits eForms recognize if the Event Date is outside of the Period of Initial Eligibility (PIE) for the requested Life Event benefits enrollment.</p> <p>The example used in this simulation demonstrates how this form recognizes a late enrollment.</p>

Abigail Lacayo
Primary Title: TRAINER 3
Employee ID: 10003152
Service Date: 03/14/1996

UCPath

Form ID: 72156

+ Add Enrollment Changes: Benefits Information

Highlights Enabled

Original Version Current Version

Reason for Request

Event Date *
MM/DD/YYYY



Reason For Request *

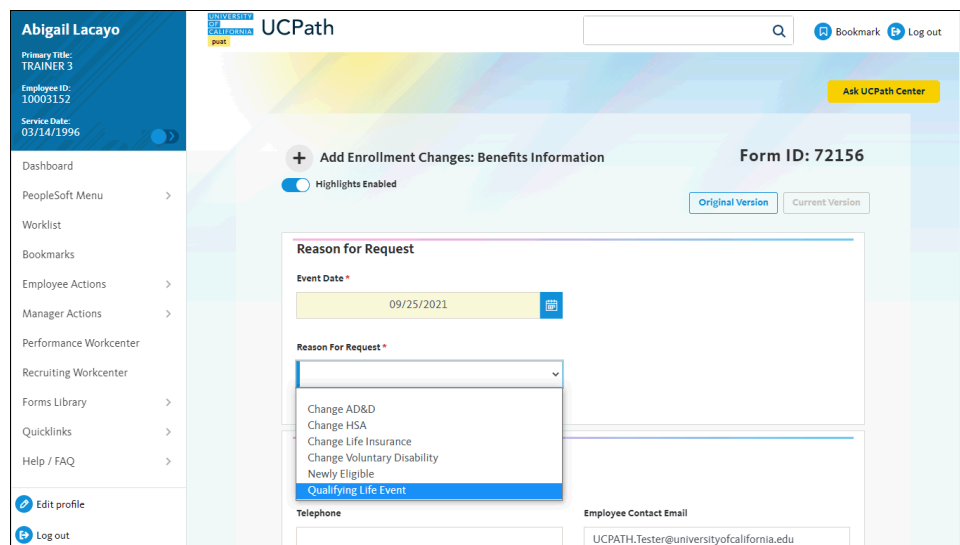
Employee Contact Information

Please provide your preferred contact information.



Telephone

Employee Contact Email
UCPATH.Tester@universityofcalifornia.edu

Step	Action
2.	Click in the Event Date field. 
3.	Enter the desired information into the Event Date field. For this example, enter " 09/25/2021 ".
4.	Click the button to the right of the Reason For Request field. 



The screenshot shows the UCPath web interface. On the left is a sidebar with the user's name 'Abigail Lacayo' and various navigation links. The main content area is titled 'Add Enrollment Changes: Benefits Information' and shows 'Form ID: 72156'. The 'Event Date' field is populated with '09/25/2021'. The 'Reason For Request' dropdown menu is open, showing a list of options: 'Change AD&D', 'Change HSA', 'Change Life Insurance', 'Change Voluntary Disability', 'Newly Eligible', and 'Qualifying Life Event'. The 'Qualifying Life Event' option is highlighted in blue. Below the dropdown are fields for 'Telephone' and 'Employee Contact Email'.

Step	Action
5.	Click the Reason For Request list item. 
6.	Click the button to the right of the Life Event Reason field. 

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Primary Title:
TRAINER 3
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UCPath

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Bookmark Log out

Ask UCPath Center

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Form ID: 72156

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Addr Change Plan Service Area

Birth / Adoption

Death of Dependent

Dependents Relocating to US

Divorce/Legal Separation/Annul

Domestic Partnership

Invol Loss of Non-UC Coverage

Marriage

Other

Remove Overage Dependent

Term of Domestic Partnership

Employee Contact Information

Please provide your preferred contact information.

Step	Action
7.	Click the Birth / Adoption list item. Birth / Adoption

Abigail Lacayo
Primary Title:
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UCPath

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Ask UCPath Center

+ Add Enrollment Changes: Benefits Information

Highlights Enabled

Form ID: 72156

Original Version Current Version

Reason for Request

Event Date *

09/25/2021

Reason For Request *

Qualifying Life Event

Life Event Reason *

Birth / Adoption


Employee Contact Information

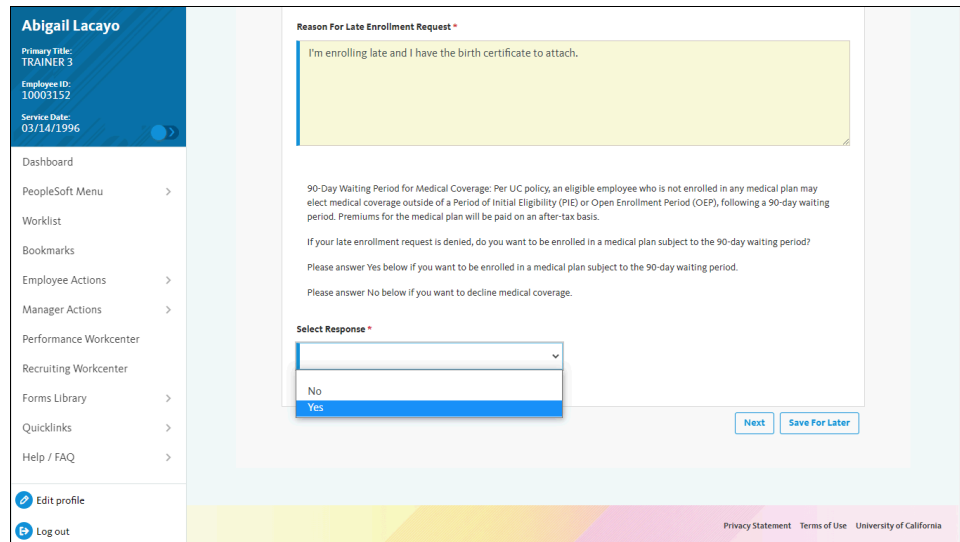
Please provide your preferred contact information.



Step	Action
8.	Click the scrollbar.

UCPath Task: Benefits eForms: Submit Form for Life Event- Late Enrollment

Step	Action
9.	Enter your preferred contact information if needed.
10.	The Late Enrollment section appears when the Event Date is outside of the PIE for the Qualifying Life Event . Enter comments in the Reason For Late Enrollment Request text box below. Supporting document(s) can be attached at the end of the eForm.
11.	Click in the Reason For Late Enrollment Request field.
12.	Enter the desired information into the field. Enter " I'm enrolling late and I have the birth certificate to attach. ".
13.	Click the scrollbar.

Step	Action
14.	If a late enrollment request is denied you may choose to decline medical coverage or enroll in a medical plan after a 90-day waiting period.
15.	Click the button to the right of the Select Response field. 



Step	Action
16.	For this example, click the Yes list item. 
17.	The Save For Later button is available on every page of the eForm.
18.	Click the Next button. 

UCPath Task: Benefits eForms: Submit Form for Life Event- Late Enrollment

Abigail Lacayo
Primary Title: TRAINER 3
Employee ID: 10003152
Service Date: 03/14/1996

Add Enrollment Changes: Dependents Form ID: 72156

Highlights Enabled

[Original Version](#) [Current Version](#)

Dependents

Please list each dependent and enter his or her personal details. You must complete the following section for all dependents. You may only enroll family members into plans in which you are enrolled.

The Affordable Care Act (ACA) requires employers to obtain Social Security numbers for employees, spouses, domestic partners and dependents.

Valid Relationship Codes:

- Spouse
- Registered Domestic Partner / Not Registered Domestic Partner
- Child (biological or adopted)
- Stepchild
- Grandchild
- Legal Ward
- Domestic Partner's child or grandchild (If your domestic partnership is registered and you are the child's stepparent under state law, enter Stepchild. Otherwise, enter Domestic Partner's child or grandchild)
- Overage Disabled Child (Must be a tax dependent of employee or spouse / domestic partner unless SSI exceptions apply)

Dependent eligibility requirements may be found in the "Eligible Family Members" section of the [Complete Guide to Your UC Health Benefits](#).

Step	Action
19.	The Dependents page appears. Review dependent information and add new dependent(s) as applicable.
20.	Click the scrollbar.

Abigail Lacayo
Primary Title: TRAINER 3
Employee ID: 10003152
Service Date: 03/14/1996

Add Enrollment Changes: Dependents Form ID: 72156

Highlights Enabled

[Original Version](#) [Current Version](#)

Dependents

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- Overage Disabled Child (Must be a tax dependent of employee or spouse / domestic partner unless SSI exceptions apply)

Dependent eligibility requirements may be found in the "Eligible Family Members" section of the [Complete Guide to Your UC Health Benefits](#).

If you need to add a dependent, please scroll over to the right and click **Add Row**.

Add Row


	*First Name	*Last Name	Middle Name	Birth Date
1	Manny	Lacayo	E	09/14/1983

[Previous](#) [Next](#) [Save For Later](#)


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Step	Action
21.	Click the scrollbar to see additional information or to add a new dependent.

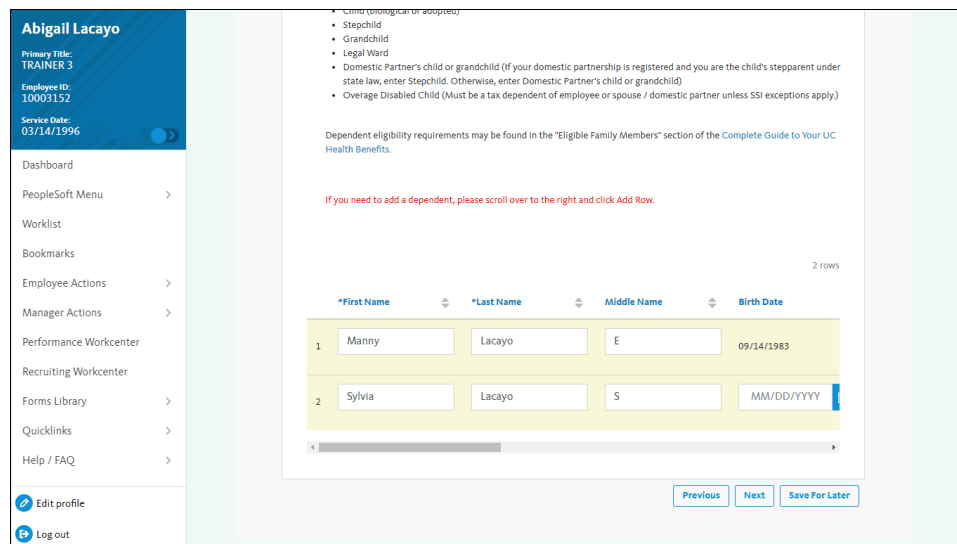
The screenshot shows the UCPath interface for Abigail Lacayo (Primary Title: TRAINER 3, Employee ID: 10003152, Service Date: 03/14/1996). The left sidebar contains navigation links: Dashboard, PeopleSoft Menu, Worklist, Bookmarks, Employee Actions, Manager Actions, Performance Workcenter, Recruiting Workcenter, Forms Library, Quicklinks, and Help / FAQ. The main content area displays a list of dependents with one row shown. The row has fields for Middle Name (E), Birth Date (09/14/1983), and Gender (Male). A red message states: "If you need to add a dependent, please scroll over to the right and click Add Row." Below the row is an "Add A New Row" button. At the bottom are "Previous", "Next", and "Save For Later" buttons. The footer includes "Privacy Statement", "Terms of Use", and "University of California".

Step	Action
22.	Click the Add A New Row button to add new dependent information. 

The screenshot shows the UCPath interface for Abigail Lacayo. The left sidebar is the same as in the previous screenshot. The main content area now shows two rows of dependent information. The first row is highlighted in yellow and contains: First Name (Manny), Last Name (Lacayo), Middle Name (E), and Birth Date (09/14/1983). The second row is partially visible with a date mask MM/DD/YYYY. A red message states: "If you need to add a dependent, please scroll over to the right and click Add Row." Below the rows is an "Add A New Row" button. At the bottom are "Previous", "Next", and "Save For Later" buttons. The footer is the same as in the previous screenshot.

Step	Action
23.	Click in the First Name field. 
24.	Enter the desired information into the First Name field. For this example, enter " Sylvia ".

Step	Action
25.	Click in the Last Name field. 
26.	Enter the desired information into the Last Name field. Enter " Lacayo ".
27.	Click in the Middle Name field. 
28.	Enter the dependent's middle name or initial into the optional Middle Name field. For this example, enter " S ".



Abigail Lacayo
Primary Title: TRAINER 3
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Service Date: 03/14/1996

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Log out

Eligible Family Members
• Child (biological or adopted)
• Stepchild
• Grandchild
• Legal Ward
• Domestic Partner's child or grandchild (if your domestic partnership is registered and you are the child's stepparent under state law, enter Stepchild. Otherwise, enter Domestic Partner's child or grandchild)
• Overage Disabled Child (Must be a tax dependent of employee or spouse / domestic partner unless SSI exceptions apply)


Dependent eligibility requirements may be found in the "Eligible Family Members" section of the [Complete Guide to Your UC Health Benefits](#).

If you need to add a dependent, please scroll over to the right and click Add Row.

2 rows

	*First Name	*Last Name	Middle Name	Birth Date
1	Manny	Lacayo	E	09/14/1983
2	Sylvia	Lacayo	S	MM/DD/YYYY

Previous Next Save For Later

Step	Action
29.	Click in the Birth Date field. 
30.	Enter the desired information into the Birth Date field. Enter " 09/25/2021 ".
31.	Click the scrollbar.

Abigail Lacayo
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Child (biological or adopted)
• Stepchild
• Grandchild
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• Overage Disabled Child (Must be a tax dependent of employee or spouse / domestic partner unless SSI exceptions apply)

Dependent eligibility requirements may be found in the "Eligible Family Members" section of the Complete Guide to Your UC Health Benefits.

If you need to add a dependent, please scroll over to the right and click Add Row.

Date	*Gender	Relationship Code	Employee Tax Dependent?	Spouse/ Tax Dep
983	Male			
25/2021	Male			

Previous Next Save For Later

Step	Action
32.	Click the button to the right of the Gender field. 

Abigail Lacayo
Primary Title: TRAINER 3
Employee ID: 10003152
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Child (biological or adopted)
• Stepchild
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Dependent eligibility requirements may be found in the "Eligible Family Members" section of the Complete Guide to Your UC Health Benefits.

If you need to add a dependent, please scroll over to the right and click Add Row.


Date	*Gender	Relationship Code	Employee Tax Dependent?	Spouse/ Tax Dep
983	Male			
25/2021	Female			

Previous Next Save For Later

Step	Action
33.	Click the Gender list item. 
34.	Click the button to the right of the Relationship Code field. 

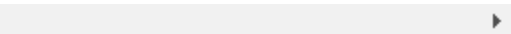
UCPath Task: Benefits eForms: Submit Form for Life Event- Late Enrollment

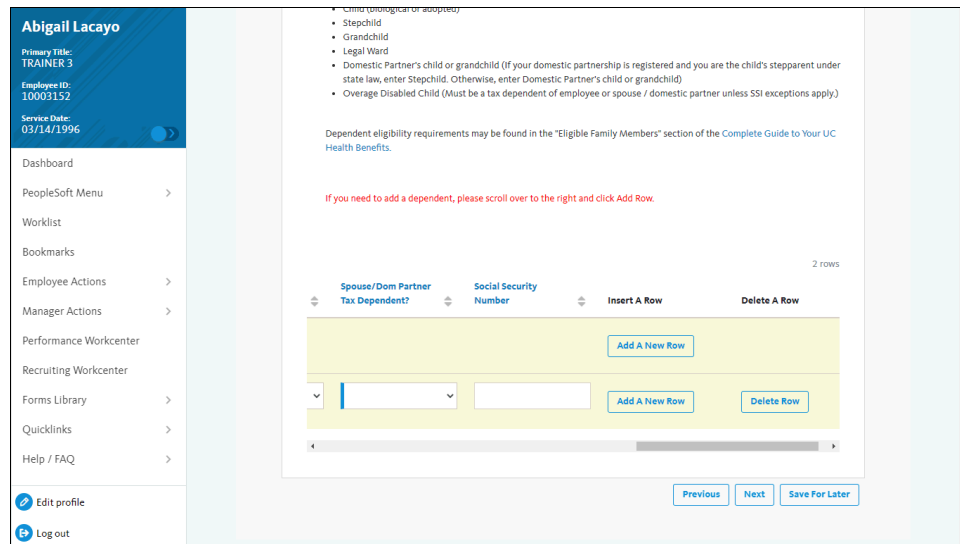
The screenshot shows the UCPath interface for Abigail Lacayo, Primary Title: TRAINER 3, Employee ID: 10003152, Service Date: 03/14/1996. The left sidebar contains navigation links: Dashboard, PeopleSoft Menu, Worklist, Bookmarks, Employee Actions, Manager Actions, Performance Workcenter, Recruiting Workcenter, Forms Library, Quicklinks, and Help / FAQ. The main content area displays a list of dependents with columns: *Gender, Relationship Code, Employee Tax Dependent?, and Spouse/Tax Dep. A dropdown menu is open for the first row, showing options: Child (Biological or Adopted), Domestic Partner, Grand Child / Step Grand Child, Legal ward, Overage Disabled Child, Spouse, and Step Child. The second row is partially visible with a date of 25/2021 and a gender of Female.


Step	Action
35.	Click in the Child (Biological or Adopted) field. Child (Biological or Adopted)
36.	Click the button to the right of the Employee Tax Dependent? field. 

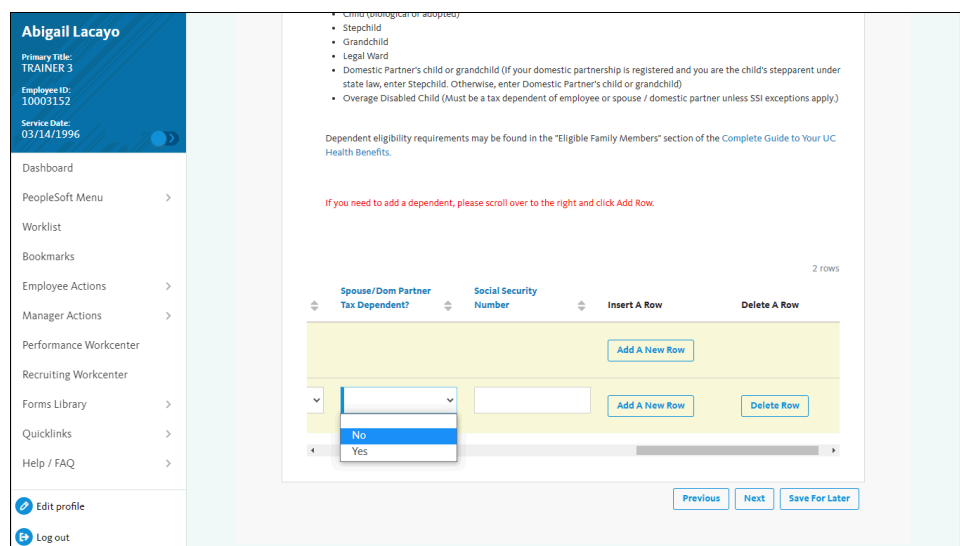
The screenshot shows the same UCPath interface as before, but the dropdown menu for the 'Employee Tax Dependent?' field is now open, showing 'No' and 'Yes' options. The 'Yes' option is highlighted. The 'Child (Biological or Adopted)' dropdown menu is also visible, showing the same options as in the previous screenshot.



Step	Action
37.	Click the Yes list item. Yes

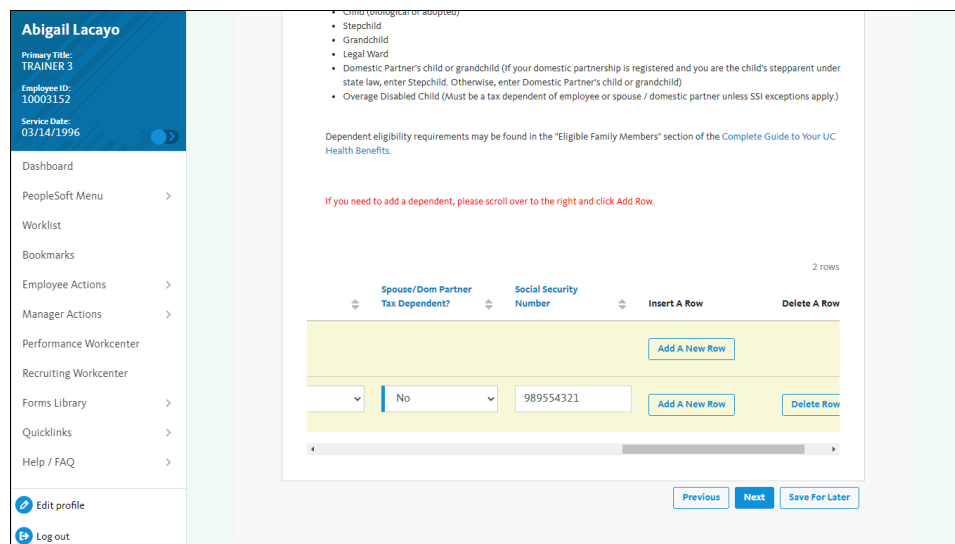
Step	Action
38.	Click the scrollbar. 




Step	Action
39.	Click the button to the right of the Spouse/Dom Partner Tax Dependent? field. 



Step	Action
40.	Click the No list item. 
41.	Click in the Social Security Number field. 
42.	Enter the desired information into the Social Security Number field. Enter " 989554321 ".



The screenshot shows the UCPath interface for Abigail Lacayo, Primary Title: TRAINER 3, Employee ID: 10003152, Service Date: 03/14/1996. The left sidebar contains navigation links: Dashboard, PeopleSoft Menu, Worklist, Bookmarks, Employee Actions, Manager Actions, Performance Workcenter, Recruiting Workcenter, Forms Library, Quicklinks, and Help / FAQ. The main content area displays a list of dependent eligibility requirements, including Stepchild, Grandchild, Legal Ward, Domestic Partner's child or grandchild, and Overage Disabled Child. Below this, a table with 2 rows is shown. The first row has columns for 'Spouse/Dom Partner Tax Dependent?' (set to 'No'), 'Social Security Number' (set to '989554321'), and buttons for 'Add A New Row' and 'Delete Row'. The second row is empty. At the bottom, there are 'Previous', 'Next', and 'Save For Later' buttons.

Step	Action
43.	Click the Next button. 

Abigail Lacayo
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+ Add Enrollment Changes: Medical Plan
Highlights Enabled
Original Version
Current Version

Form ID: 72156

Medical Plan

Here are your available options for Medical plan enrollment.
Not sure which plan is best for you? Review the [Quick Reference Guide to UC's Medical Plans](#) for general information.

Medical Plan *

Enroll in Medical

PPO Plans:

- UC Care (administered by Anthem Blue Cross), a PPO plan created just for UC with access to UC doctors and medical centers as well as the entire Anthem PPO network
- CORE (administered by Anthem Blue Cross), a high-deductible PPO plan offered at no cost to eligible faculty and staff
- UC Health Savings Plan (administered by Anthem Blue Cross), a PPO with a Health Savings Account (HSA) that allows you to contribute tax-free

Step	Action
44.	The Medical Plan enrollment page appears. You have the option to change plans at the time of a Life Event. Click the Quick Reference Guide to UC's Medical Plans link to UCnet for medical plan information.
45.	Your current benefits enrollments default to the form. For this example, accept the default of Enroll in Medical .
46.	Click the scrollbar.

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Medical Plan *

Enroll in Medical

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- UC Care (administered by Anthem Blue Cross), a PPO plan created just for UC with access to UC doctors and medical centers as well as the entire Anthem PPO network
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HMO Plans:

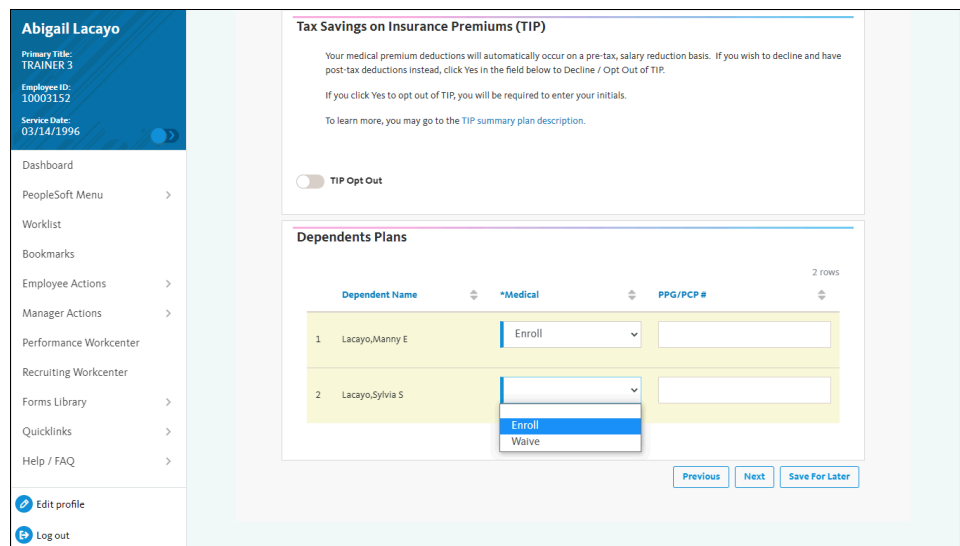
- Kaiser, an HMO with a closed network of doctors and hospitals
- UC Blue & Gold (administered by Health Net), an HMO

Step	Action
47.	There are three PPO Plans and two HMO Plans to choose from. Blue text throughout the Benefits eForms provide links to additional information. For example, click the blue plan names on this page to access details for each plan.

Step	Action
48.	Click the scrollbar.

Step	Action
49.	For this example, accept the default selection of Health Net Blue & Gold HMO . If you know the primary physician group (PPG) or primary care physician (PCP) you'd like to select or change to, find the 10-digit code on the plan website and enter it in the Employee PPG/PCP # field.
50.	Select the TIP Opt Out option to pay your medical plan employee contribution as an after-tax deduction
51.	Click the scrollbar.

Step	Action
52.	Dependents must be enrolled individually for each plan.
53.	Click the button to the right of the Medical field. 



Abigail Lacayo
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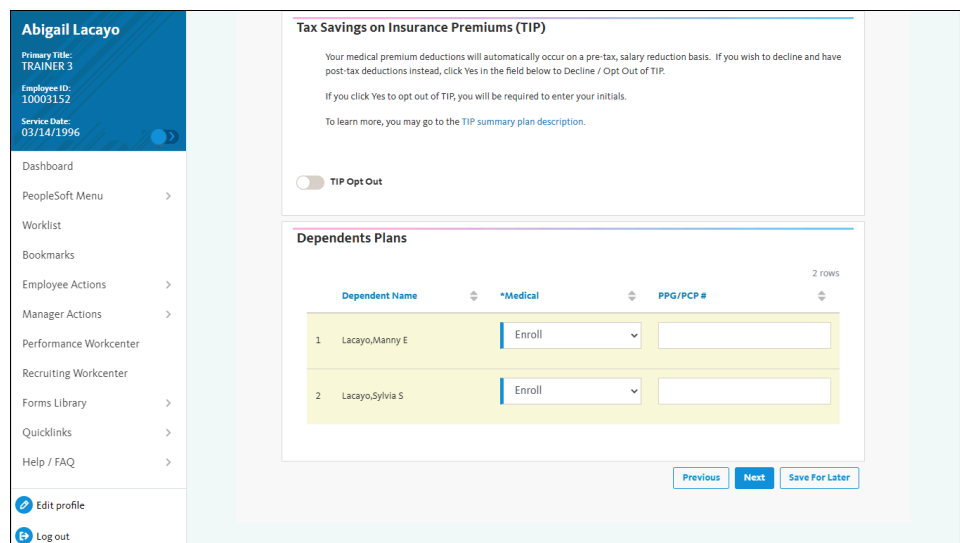
Tax Savings on Insurance Premiums (TIP)
Your medical premium deductions will automatically occur on a pre-tax, salary reduction basis. If you wish to decline and have post-tax deductions instead, click Yes in the field below to Decline / Opt Out of TIP.
If you click Yes to opt out of TIP, you will be required to enter your initials.
To learn more, you may go to the TIP summary plan description.
☐ TIP Opt Out

Dependents Plans
2 rows

	Dependent Name	*Medical	PPG/PCP #
1	Lacayo, Manny E	Enroll	
2	Lacayo, Sylvia S	Enroll	

Previous Next Save For Later

Step	Action
54.	Click the Enroll list item. 



Abigail Lacayo
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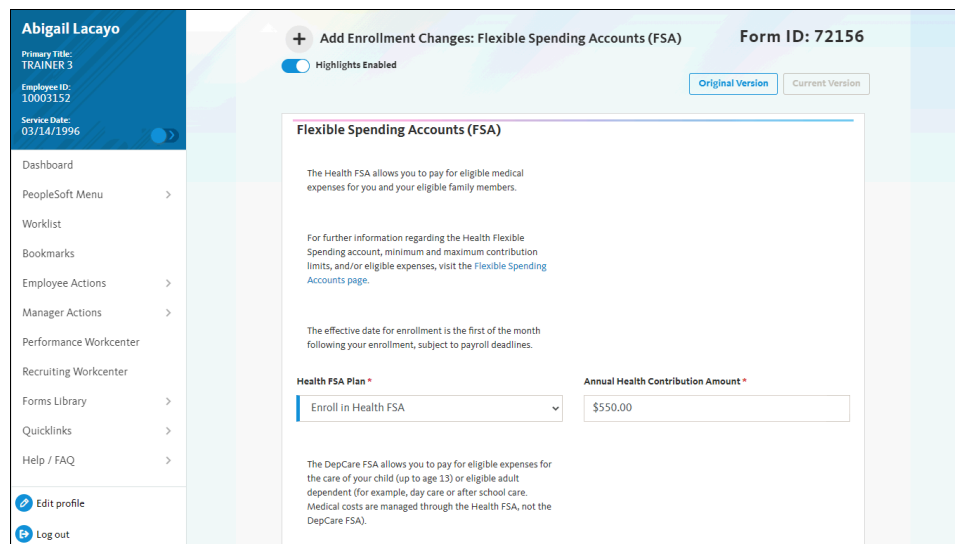
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Dependents Plans
2 rows

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1	Lacayo, Manny E	Enroll	
2	Lacayo, Sylvia S	Enroll	

Previous Next Save For Later

Step	Action
55.	Click the Next button. 



Step	Action
56.	The Flexible Spending Accounts (FSA) page appears. Current enrollment information for the Health FSA Plan and the Annual Health Contribution Amount default into these fields. For this example, accept the defaults and scroll down the page to enroll in the Dependent Care FSA Plan and add a contribution amount.
57.	Click the scrollbar.

Abigail Lacayo
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The DepCare FSA allows you to pay for eligible expenses for the care of your child (up to age 13) or eligible adult dependent (for example, day care or after school care. Medical costs are managed through the Health FSA, not the DepCare FSA).

For further information regarding the Dependent Care Flexible Spending account, minimum and maximum contribution limits, and/or eligible expenses, visit the [Flexible Spending Accounts page](#).

The effective date for enrollment is the first of the month following your enrollment, subject to payroll deadlines.


Dependent Care FSA Plan *

Waive Dependent Care FSA

The minimum annual contribution is \$180.00 and the maximum is set according to IRS Guidelines. If you enroll mid-year, your annual contribution will be divided among the number of pay periods left in the year.

For more information, please visit the [Flexible Spending Accounts page](#).

Previous Next Save For Later

Step	Action
58.	For this example, change the Dependent Care FSA Plan enrollment from Waive to Enroll and add a contribution amount.
59.	Click the button to the right of the Dependent Care FSA Plan field. 

Abigail Lacayo
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Employee ID: 10003152
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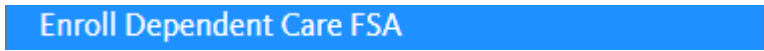
Dependent Care FSA Plan *


Waive Dependent Care FSA
Enroll Dependent Care FSA
Waive Dependent Care FSA

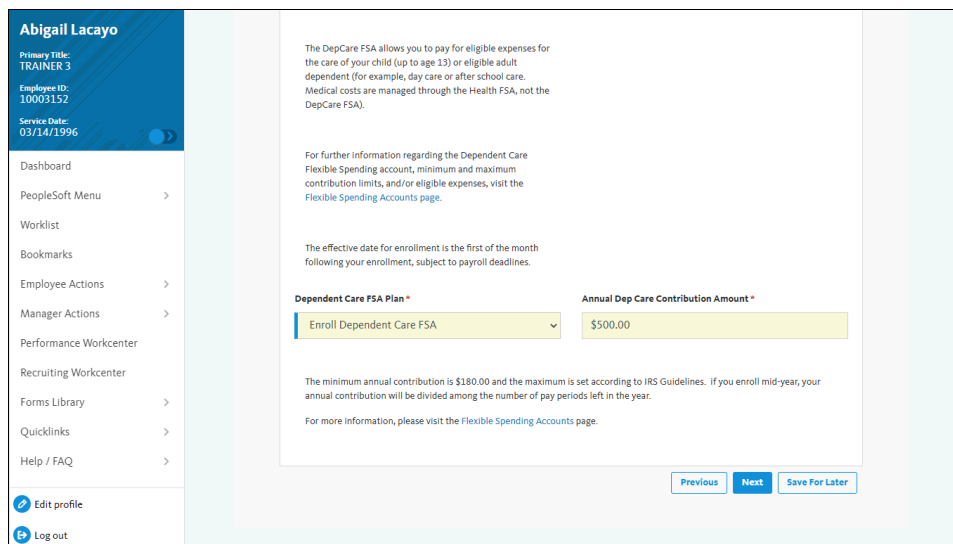
The minimum annual contribution is \$180.00 and the maximum is set according to IRS Guidelines. If you enroll mid-year, your annual contribution will be divided among the number of pay periods left in the year.


For more information, please visit the [Flexible Spending Accounts page](#).

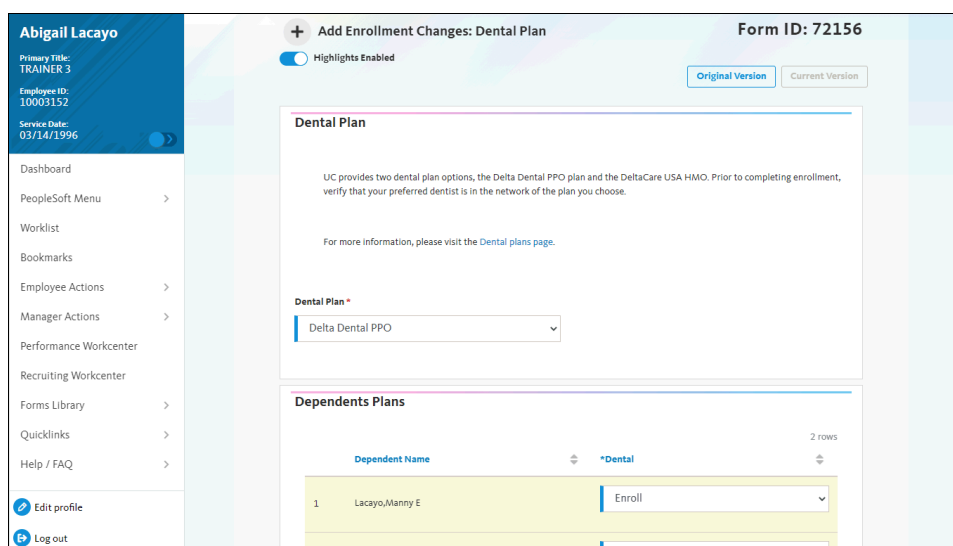
Previous Next Save For Later

Step	Action
60.	Click the Enroll Dependent Care FSA list item. 


Step	Action
61.	Click in the Annual Dep Care Contribution Amount field. 
62.	Enter the desired information into the Annual Dep Care Contribution Amount field. For this example, enter " 500.00 ".



Step	Action
63.	Click the Next button. 



Step	Action
64.	The Dental Plan page appears. For this example, accept the defaulted benefit selection.
65.	Click the scrollbar.

Step	Action
66.	Remember to enroll dependents for coverage in each plan as needed. Click the button to the right of the Dental field. 

Step	Action
67.	Click the Enroll list item. Enroll

Abigail Lacayo
Primary Title: TRAINER 3
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For more information, please visit the Dental plans page.

Dental Plan *
Delta Dental PPO

Dependents Plans

Dependent Name	*Dental
1 Lacayo, Manny E	Enroll
2 Lacayo, Sylvia S	Enroll

Previous Next Save For Later

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Step	Action
68.	Click the Next button. Next

Abigail Lacayo
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+ Add Enrollment Changes: Vision Plan
Highlights Enabled

Form ID: 72156
Original Version Current Version

Vision Plan

The Vision Service Plan provides coverage for you and your eligible family members for vision examinations, corrective lenses or contact lenses, frames and other materials, through a nationwide network of providers.
For more information, please visit the Vision plans page.

Vision Plan *
Enroll Vision Service Plan-VSP

Dependents Plans

Dependent Name	*Vision
1 Lacayo, Manny E	Enroll
2 Lacayo, Sylvia S	

Step	Action
69.	The Vision Plan page appears. For this example, accept the defaulted benefit selection.
70.	Click the scrollbar.

Abigail Lacayo
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Worklist
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Employee Actions >
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Recruiting Workcenter
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Quicklinks >
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For more information, please visit the Vision plans page.


Vision Plan *
Enroll Vision Service Plan-VSP

Dependents Plans

Dependent Name	*Vision
1 Lacayo, Manny E	Enroll
2 Lacayo, Sylvia S	Enroll Waive

Previous Next Save For Later

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Step	Action
71.	Click the button to the right of the Vision field. 

Abigail Lacayo
Primary Title: TRAINER 3
Employee ID: 10003152
Service Date: 03/14/1996

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Recruiting Workcenter
Forms Library >
Quicklinks >
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Log out

For more information, please visit the Vision plans page.



Vision Plan *
Enroll Vision Service Plan-VSP

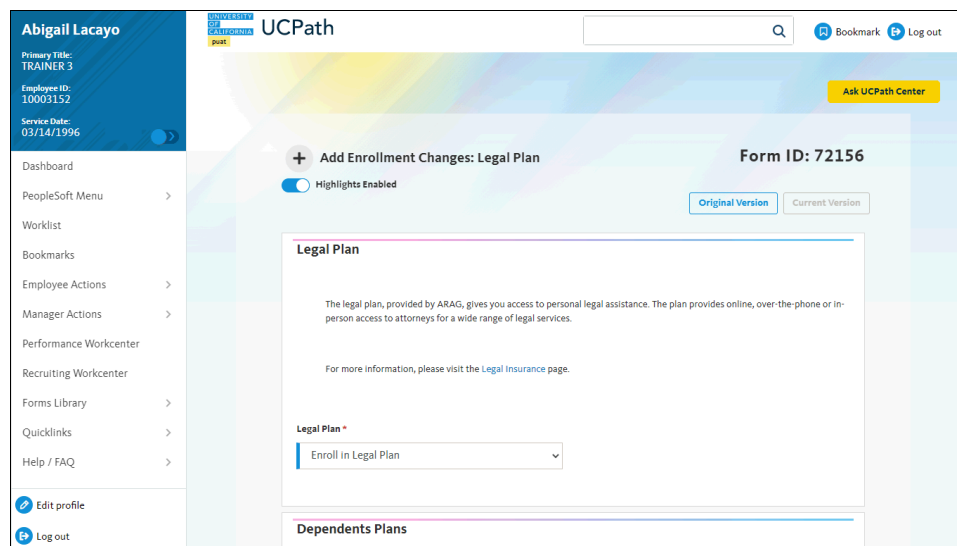
Dependents Plans

Dependent Name	*Vision
1 Lacayo, Manny E	Enroll
2 Lacayo, Sylvia S	Enroll Waive

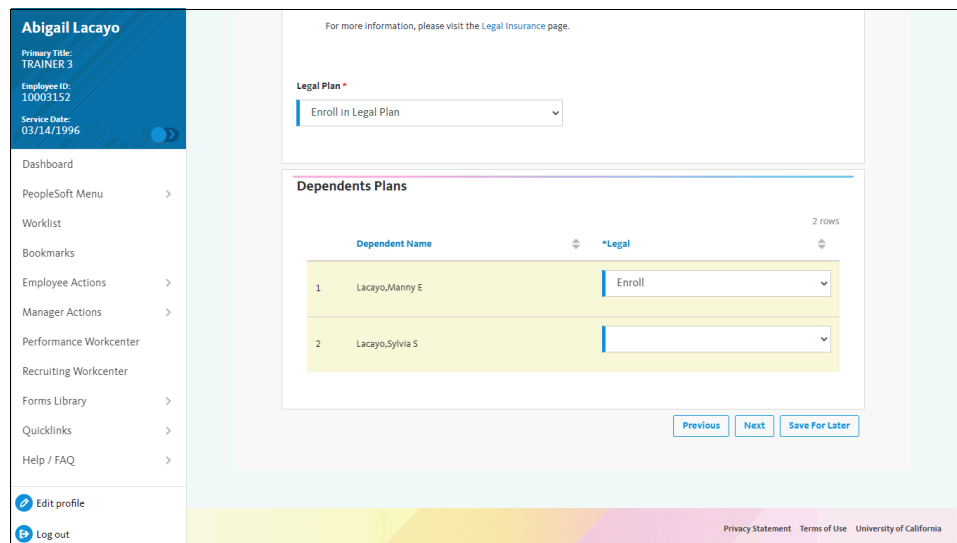
Previous Next Save For Later


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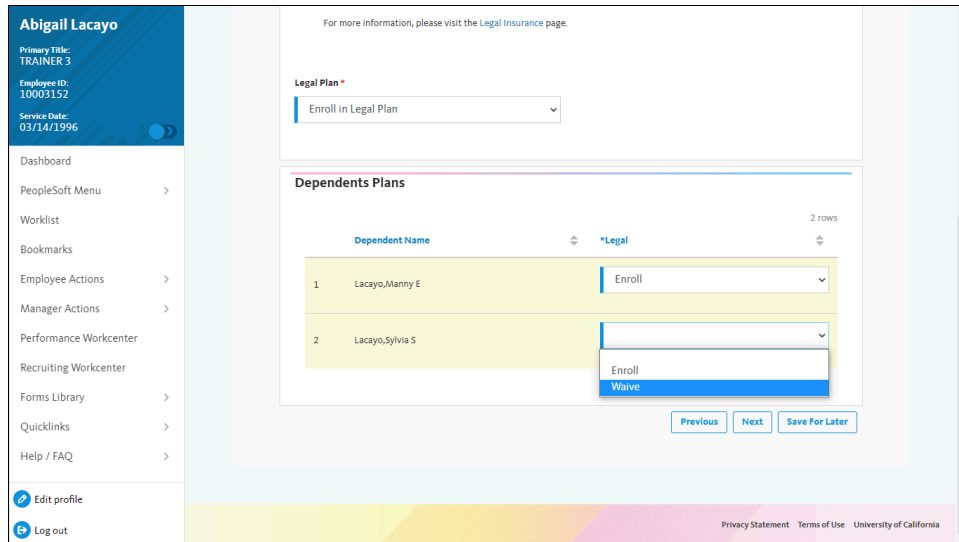
Step	Action
72.	Click the Enroll list item. 
73.	Click the Next button. 





Step	Action
74.	The Legal Plan page appears. For this example, accept the defaulted benefit selection.
75.	Click the scrollbar.



Step	Action
76.	Click the button to the right of the Legal field. 



Step	Action
77.	Click the Waive list item. 
78.	Click the Next button. 

Abigail Lacayo
Primary Title: TRAINER 3
Employee ID: 10003152
Service Date: 03/14/1996

+ Add Enrollment Changes: Accidental Death & Dismemberment (AD&D) Form ID: 72156
Highlights Enabled

Accidental Death & Dismemberment (AD&D)

UC offers the Accidental Death and Dismemberment (AD&D) plan to help protect you and your family from the unforeseen financial hardship of a serious accident that causes death or dismemberment.


For more information, please visit the [Accidental Death and Dismemberment plan page](#).

AD&D Enroll *
Enroll in AD&D

AD&D Amount *
14. \$200,000

Dependents Plans

2 rows

Step	Action
79.	The Accidental Death & Dismemberment (AD&D) page appears. For this example, increase the defaulted AD&D Amount .
80.	Click the button to the right of the AD&D Amount field. 

Abigail Lacayo
Primary Title: TRAINER 3
Employee ID: 10003152
Service Date: 03/14/1996

+ Add Enrollment Changes: Accidental Death & Dismemberment (AD&D) Form ID: 72156
Highlights Enabled

AD&D Enroll *
Enroll in AD&D

AD&D Amount *
14. \$200,000

Dependents Plans

2 rows

Step	Action
81.	For this example, increase the AD&D Amount to \$300,000. Click the 15. \$300,000 list item.
82.	Click the scrollbar.

Abigail Lacayo
Primary Title: TRAINER 3
Employee ID: 10003152
Service Date: 03/14/1996

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PeopleSoft Menu >
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Quicklinks >
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Edit profile
Log out

AD&D Enroll *
Enroll in AD&D


AD&D Amount *
15. \$300,000

Dependents Plans
2 rows

Dependent Name	*AD&D
1. Lacayo, Manny E	Enroll
2. Lacayo, Sylvia S	Enroll Waive

Previous Next Save For Later

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Step	Action
83.	Click the button to the right of the AD&D field. 

Abigail Lacayo
Primary Title: TRAINER 3
Employee ID: 10003152
Service Date: 03/14/1996

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PeopleSoft Menu >
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Log out

AD&D Enroll *
Enroll in AD&D



AD&D Amount *
15. \$300,000

Dependents Plans
2 rows


Dependent Name	*AD&D
1. Lacayo, Manny E	Enroll
2. Lacayo, Sylvia S	Enroll Waive

Previous Next Save For Later

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Step	Action
84.	Click the Waive list item. 
85.	Click the Next button. 

UCPath Task: Benefits eForms: Submit Form for Life Event- Late Enrollment

Step	Action
86.	The Supplemental Life Insurance page appears. For this example, accept the defaulted benefit selection.
87.	Click the Next button. 

Step	Action
88.	The Dependent Life Insurance page appears. For this example, accept the defaulted benefit selection.

Abigail Lacayo
Primary Title: TRAINER 3
Employee ID: 10003152
Service Date: 03/14/1996

+ Add Enrollment Changes: Dependent Life Insurance Form ID: 72147
Highlights Enabled

Original Version Current Version

Dependent Life Insurance

UC provides basic life insurance at no cost for most employees. Additional insurance for you and your family members is available for a monthly premium.

For more information, please visit the [Life Insurance](#) page.

Generally, you can enroll yourself in Supplemental Life Insurance and your dependents in Dependent Life Insurance at any time during the year. Your Period of Initial Eligibility (PIE) will determine whether you are required to submit a completed Evidence of Insurability (EOI) statement or not. For more details on the EOI process, [click here](#).

Dependent Life Plan *

Enroll in Expanded Plan

Dependents Plans

2 rows

Dependent Name	*Dependent Life

Step	Action
89.	Click the scrollbar.

during the year. Your Period of Initial Eligibility (PIE) will determine whether you are required to submit a completed Evidence of Insurability (EOI) statement or not. For more details on the EOI process, [click here](#).

Dependent Life Plan *

Enroll in Expanded Plan


Dependents Plans

2 rows



Dependent Name	*AD&D
1 Lacayo, Manny E	Enroll
2 Lacayo, Sylvia S	

Previous Next Save For Later


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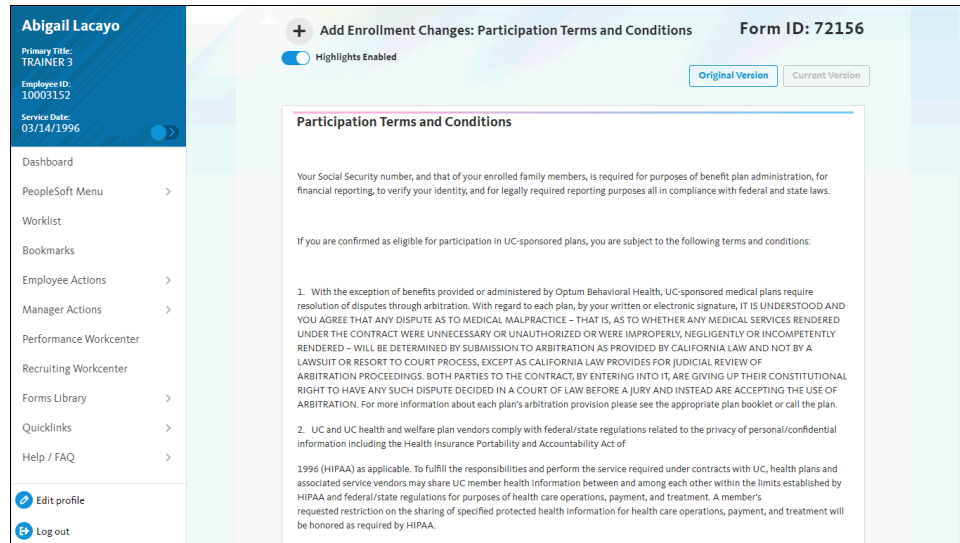
Step	Action
90.	Click the button to the right of the Dependent Life field. 

UCPath Task: Benefits eForms: Submit Form for Life Event- Late Enrollment

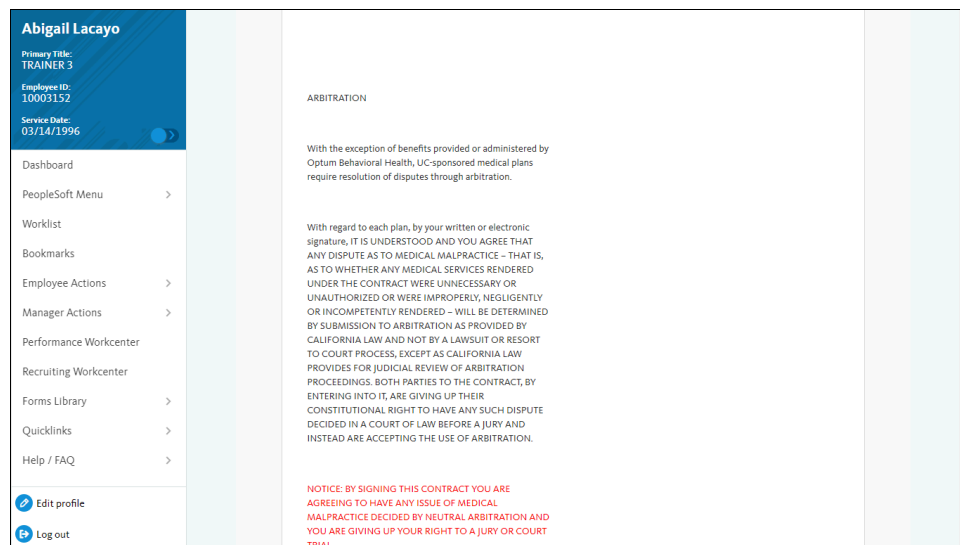
Step	Action
91.	Click the Waive list item. 
92.	Click the Next button. 

Step	Action
93.	The Voluntary Disability Insurance page appears. For this example, accept the defaulted benefit selections for Short Term Disability (VSTD) and Long Term Disability (VLTD) .

Step	Action
94.	Click the Next button. 



Step	Action
95.	Read all of the Participation Terms and Conditions sections as you scroll down this page. Note: This simulation does not show all of the page content and skips to the next action item.
96.	Click the scrollbar.



Step	Action
97.	The ARBITRATION section requires an electronic signature.
98.	Click the scrollbar.

Abigail Lacayo
Primary Title: TRAINER 3
Employee ID: 10003152
Service Date: 03/14/1996

Dashboard
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Performance Workcenter
Recruiting Workcenter
Forms Library >
Quicklinks >
Help / FAQ >
Edit profile
Log out

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, NEGLIGENCELY 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.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL.

BY SELECTING YES, I AM ELECTRONICALLY SIGNING AND ACCEPTING THE ABOVE ARBITRATION TERMS PERTAINING TO ALL MEDICAL PLANS EXCEPT KAISER FOUNDATION HEALTH PLANS AND OPTUM BEHAVIORAL HEALTH. *

For more information about each plan's arbitration provision please see the appropriate plan booklet or call the plan.

[Additional Terms and Conditions](#)

Step	Action
99.	Click the button to the right of the Arbitration Agreement field.

Abigail Lacayo
Primary Title: TRAINER 3
Employee ID: 10003152
Service Date: 03/14/1996

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PeopleSoft Menu >
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Performance Workcenter
Recruiting Workcenter
Forms Library >
Quicklinks >
Help / FAQ >
Edit profile
Log out

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, NEGLIGENCELY 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.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL.

BY SELECTING YES, I AM ELECTRONICALLY SIGNING AND ACCEPTING THE ABOVE ARBITRATION TERMS PERTAINING TO ALL MEDICAL PLANS EXCEPT KAISER FOUNDATION HEALTH PLANS AND OPTUM BEHAVIORAL HEALTH. *

For more information about each plan's arbitration provision please see the appropriate plan booklet or call the plan.

[Additional Terms and Conditions](#)


Yes

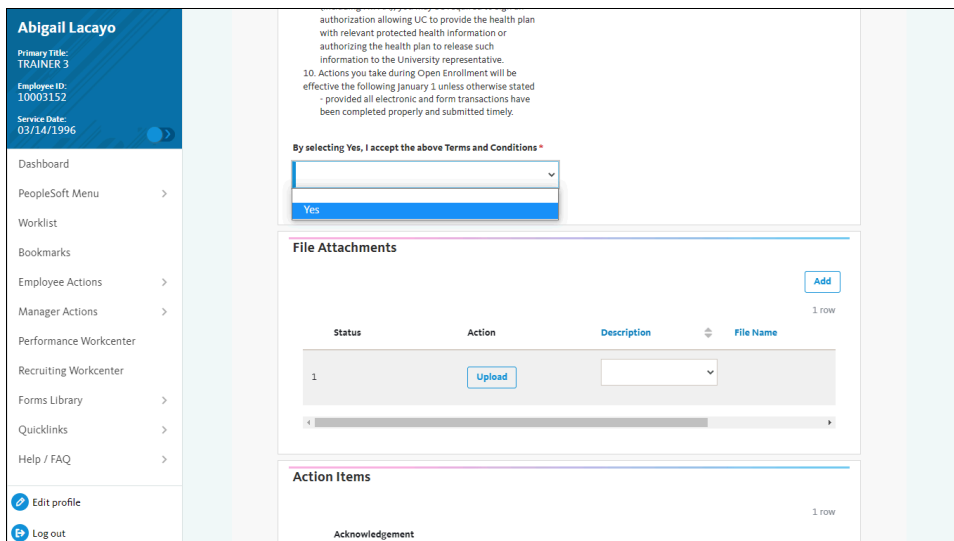
Step	Action
100.	Click the Yes list item. <div>Yes</div>

The screenshot shows the UCPath interface for Abigail Lacayo, a TRAINER 3 with Employee ID 10003152 and Service Date 03/14/1996. The left sidebar contains navigation links: Dashboard, PeopleSoft Menu, Worklist, Bookmarks, Employee Actions, Manager Actions, Performance Workcenter, Recruiting Workcenter, Forms Library, Quicklinks, and Help / FAQ. Below these are 'Edit profile' and 'Log out' buttons. The main content area displays a legal notice regarding medical malpractice arbitration. It states that by signing the contract, the employee agrees to have any issue of medical malpractice decided by neutral arbitration and gives up their right to a jury or court trial. Below this notice, there is a dropdown menu with 'Yes' selected. At the bottom, there is a link for 'Additional Terms and Conditions'.

Step	Action
101.	Click the scrollbar.

The screenshot shows the UCPath interface for Abigail Lacayo, a TRAINER 3 with Employee ID 10003152 and Service Date 03/14/1996. The left sidebar is the same as in the previous screenshot. The main content area displays a legal notice regarding health plan authorization. It states that by selecting 'Yes', the employee accepts the above terms and conditions. Below this notice, there is a section titled 'File Attachments' with an 'Add' button. A table with columns 'Status', 'Action', 'Description', and 'File Name' is shown, with one row containing an 'Upload' button. Below the table, there is a section titled 'Action Items' with an 'Acknowledgement' button.

Step	Action
102.	Click the button to the right of the By selecting Yes, I accept the above Terms and Conditions field. 



Abigail Lacayo
Primary Title:
TRAINER 3
Employee ID:
10003152
Service Date:
03/14/1996

authorization allowing UC to provide the health plan with relevant protected health information or authorizing the health plan to release such information to the University representative.
10. 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.

By selecting Yes, I accept the above Terms and Conditions *

Yes



File Attachments

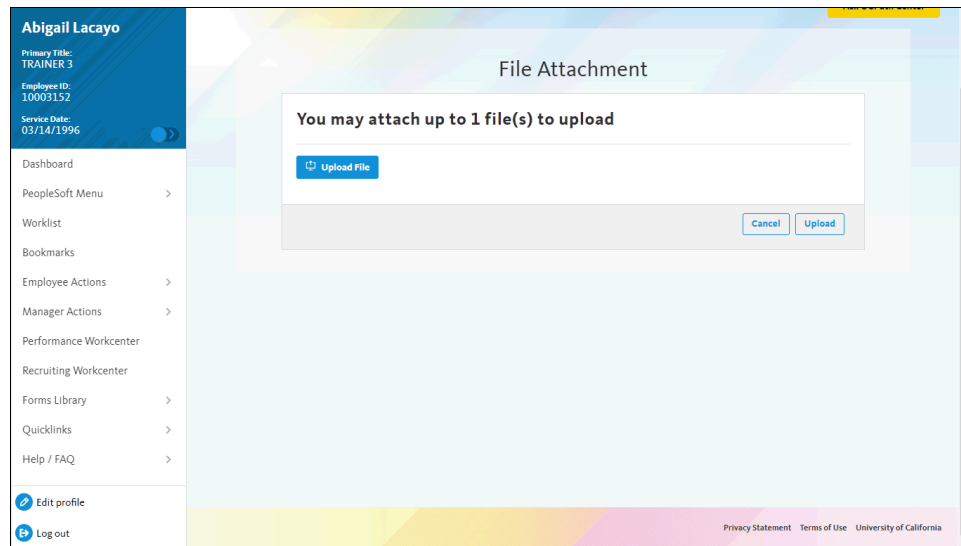
Add


Status	Action	Description	File Name
1	Upload		

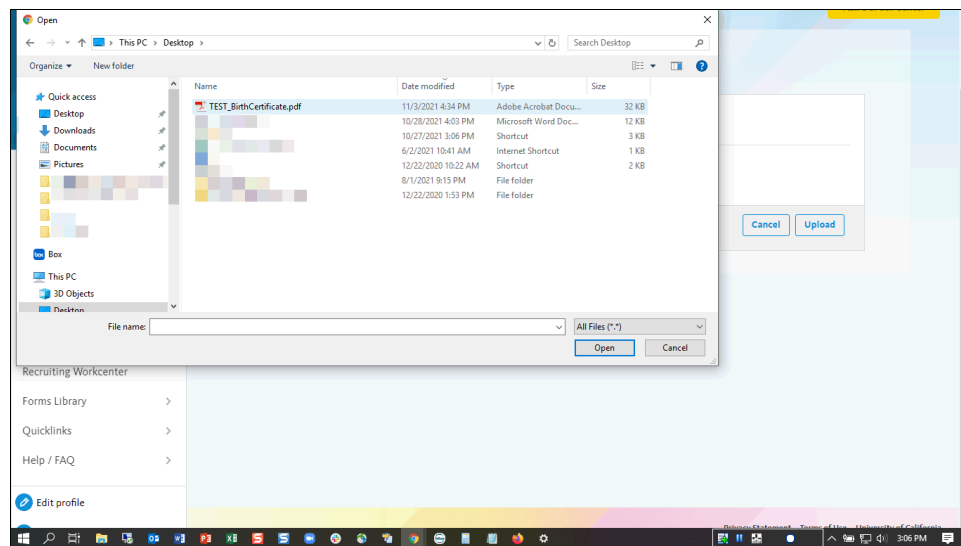
Action Items

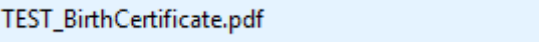
Acknowledgement


Step	Action
103.	Click the Yes list item. 
104.	Use the File Attachments section to upload supporting documentation. - Use the Upload button to add one file at a time. - Use the Add button to create new rows to add additional files if needed.
105.	Click the Upload button. 




Step	Action
106.	Click the Upload File button. 



Step	Action
107.	Double-click the TEST_BirthCertificate file link. 
108.	Click the Open button. 

Step	Action
109.	Click the Upload object. 

Step	Action
110.	Click the button to the right of the Description field. 

Abigail Lacayo
Primary Title:
TRAINER 3
Employee ID:
10003152
Service Date:
03/14/1996

Dashboard
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Recruiting Workcenter
Forms Library >
Quicklinks >
Help / FAQ >
Edit profile
Log out

File Attachments

Attachment Uploaded Action Description File Name

1 ☒ View TEST_BirthCertificate.pdf

Supporting Documentation

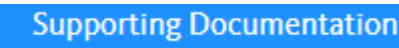
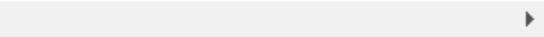
Action Items

Acknowledgement

1 ☐

My signature below indicates I have read and understand the "Terms and Conditions" provided in the prior page as well as the eligibility requirements of the benefit 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, it is the same as waiving and I will not be enrolled in that plan. I agree it is my responsibility to check my earnings statements to verify my current benefits enrollments and deductions.

Comments

Step	Action
111.	Click the Supporting Documentation list item. 
112.	Click the scrollbar. 

Abigail Lacayo
Primary Title:
TRAINER 3
Employee ID:
10003152
Service Date:
03/14/1996

Dashboard
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Forms Library >
Quicklinks >
Help / FAQ >
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File Attachments

Description Description File Name Delete

Supporting Docur Supporting Documen TEST_BirthCertificate.pdf Delete

Action Items


Acknowledgement

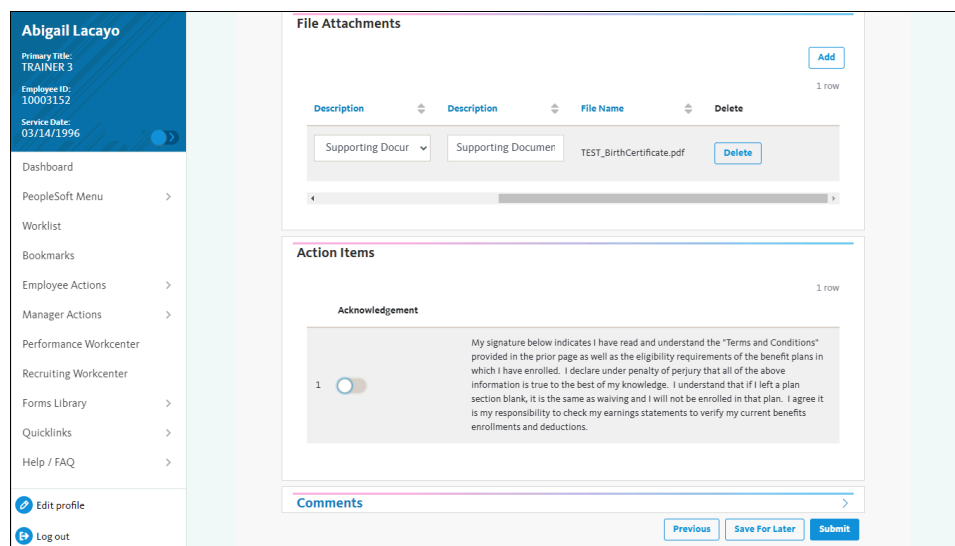
1 ☐



My signature below indicates I have read and understand the "Terms and Conditions" provided in the prior page as well as the eligibility requirements of the benefit 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, it is the same as waiving and I will not be enrolled in that plan. I agree it is my responsibility to check my earnings statements to verify my current benefits enrollments and deductions.

Comments

Step	Action
113.	Use the Add button to create new rows to upload additional files if needed.

Step	Action
114.	Click the scrollbar. 



Step	Action
115.	Click the Acknowledgement button. 
116.	Click the button to the right of the Comments field to open the comments text box. 

The screenshot shows the UCPath interface for Abigail Lacayo (Primary Title: TRAINER 3, Employee ID: 10003152, Service Date: 03/14/1996). The left sidebar contains navigation links: Dashboard, PeopleSoft Menu, Worklist, Bookmarks, Employee Actions, Manager Actions, Performance Workcenter, Recruiting Workcenter, Forms Library, Quicklinks, and Help / FAQ. Below these are 'Edit profile' and 'Log out' buttons. The main content area is titled 'Acknowledgement' and shows a toggle switch set to '1'. Below the toggle is a text box for 'Comments'. At the bottom right of the form are buttons for 'Previous', 'Save For Later', and 'Submit'. The footer includes links for 'Privacy Statement', 'Terms of Use', and 'University of California'.

Step	Action
117.	If needed, add comments to the form prior to submitting.
118.	Click the Submit button.

The screenshot shows the 'Action Item Log' for the form submission. The log has columns for 'Acknowledgement', 'Description', 'User', and 'Time Stamp'. A single row shows the submission details: '1 Yes', the full acknowledgement text, user '10003152', and timestamp '11/04/21 3:08:13.000000PM'. A 'Print' button is located below the log. The top right of the form area displays 'Form ID: 72156'. The footer is the same as the previous screenshot.

Step	Action
119.	The Action Item Log provides a Time Stamp confirmation. Use the Print button to create a PDF of the submitted form to keep for your records.

Step	Action
120.	You have completed a Benefits eForm for a Life Event submitted as a Late Enrollment. End of Procedure.