

## MEDICARE DECLARATION

UBEN 126 (R10/07) University of California Human Resources and Benefits

Send completed form to:  
UC Human Resources and Benefits  
Health and Welfare Administration  
P.O. Box 24570  
Oakland CA 94623-1570

If you or your eligible family members (see below) are covered by a UC-sponsored medical plan and become eligible for Medicare Part A free of cost (hospital insurance), **UC requires enrollment in Medicare Part A and Part B (medical insurance), or you will be permanently de-enrolled from UC coverage.** To avoid this de-enrollment, complete and submit this form to verify your (or your family member's) Medicare enrollment or Medicare ineligibility and include a copy of your Medicare card or a benefit denial letter from the Social Security Administration. If applicable, you and your family members can use a single form to notify our office of Medicare eligibility or ineligibility.

### Eligible family members include:

Your spouse,  
Your domestic partner,  
Your child (natural or adopted) or stepchild,  
Your legal ward,  
Your grandchild or step-grandchild,  
Your domestic partner's child/grandchild,  
Your other child enrolled before 9/1/94

An adult dependent relative who is eligible for Medicare Part A is not eligible to continue coverage under UC-sponsored plans.

### MEDICARE ADVANTAGE PRESCRIPTION DRUG PLANS

If your UC-sponsored plan is an HMO and you enroll in Medicare Part A, UC requires that you enroll in Medicare Part B and transfer coverage into the Medicare plan offered by your current UC-sponsored HMO plan. You will need to complete and submit an enrollment form to the Medicare Advantage Prescription Drug plan. Call your plan for an enrollment form.

An eligible family member who qualifies for Medicare Part A must also enroll in Medicare Part B and transfer coverage into the Medicare Advantage Prescription Drug plan offered by your current UC-sponsored medical plan.

### The following plans are Medicare Advantage Prescription Drug plans:

- Health Net/Seniority Plus
- Kaiser Permanente/Senior Advantage (California)
- Western Health Advantage/WHA Care+

If you are enrolled in an HMO but do not live in the plan's Medicare service area, you will need to change plans.

Medicare Part B enrollment must be continuous. **A plan member or enrolled family member who enrolls in Medicare Part B and then cancels Part B coverage at a later date will be permanently de-enrolled from UC-sponsored medical coverage.**

See UC's *Medicare Factsheet* for more details on Medicare Advantage Prescription Drug plans and UC enrollment requirements.

### WHEN TO USE THIS FORM

#### If eligible for Medicare

Complete this form when you or an eligible family member enrolls in Medicare. This may be when you or your eligible family member reaches age 65, or when you retire, whichever comes later. It may be earlier in cases of disability. You may also qualify through a spouse, former spouse, or deceased spouse.

#### If ineligible for Medicare

Use this form to verify that you or an eligible family member is not eligible for Medicare. Include a copy of the denial letter from the Social Security Administration.

### WHEN TO RETURN THIS FORM

There may be a deadline for returning this form. Please review additional correspondence included with this form.



## 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 Associate Vice President—University of California Human Resources and Benefits, 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 1X, 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.