

MEDICARE DECLARATION

UBEN 126 (R3/04) 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 (hospital insurance), **UC requires enrollment in Medicare Part A and Part B (medical insurance), or you will be permanently disenrolled from UC coverage.** To avoid this disenrollment, complete and submit this form to verify your (or your family member's) Medicare enrollment or Medicare ineligibility.

Eligible family members include:

Your spouse,
Your same-sex domestic partner,
Your child (natural or adopted) or stepchild,
Your legal ward,
Your grandchild or step-grandchild,
Your same-sex 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 + CHOICE 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 medical plan (Medicare + Choice plan). You will also need to complete and submit an enrollment form to the Medicare + Choice plan. An eligible family member who qualifies for Medicare Part A must also enroll in Medicare Part B and transfer coverage into the Medicare + Choice plan offered by your current UC-sponsored medical plan.

The following plans are Medicare + Choice plans:

- Health Net—Seniority Plus
- Kaiser Permanente—Senior Advantage (California)
- PacifiCare of California—Secure Horizons
- PacifiCare of Nevada—Secure Horizons
- 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 disenrolled from UC-sponsored medical coverage.

See the *Medicare Factsheet* for more details on Medicare + Choice 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.

HOW TO USE THIS FORM

If applicable, you and your family members can use a single form to notify our office of Medicare eligibility or ineligibility.

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 the information on this form is for payment of earnings and for miscellaneous payroll and personnel matters such as, but not limited to, withholding taxes, benefits administration, and changes in title and pay status. University policy and state and federal statutes authorize the maintenance of this information. (B)

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 used by various University departments for payroll and personnel administration, and will be transmitted to the federal and state governments as 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, P.O. Box 24570, Oakland, CA 94623-1570.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. Disclosure of the Social Security number is required pursuant to sections 6011 and 6051 of Subtitle F of the Internal Revenue Code and with Regulation 4, Section 404.1256, Code of Federal Regulations under Section 218, Title II of the Social Security Act, as amended. The Social Security number is used to verify your identity. The principal uses of the number shall be to report (1) state and federal income taxes withheld, (2) Social Security contributions, (3) state unemployment and Workers' Compensation earnings, (4) earnings and contributions to participating retirement systems, and (5) as an identifier for your insurance carrier to verify your eligibility and to maintain claim records for you and your eligible family members. (AA)