

DEPCARE/HCRA ENROLLMENT SALARY REDUCTION AGREEMENT DURING A PERIOD OF INITIAL ELIGIBILITY OR OPEN ENROLLMENT

UPAY 717 (R8/05) University of California Human Resources and Benefits

Fill in all the pertinent information. Shaded areas are for accounting use only. Send this form to your Accounting or Benefits Office or to the person handling benefits for your department.

Use this form to enroll in the Dependent Care Reimbursement Account (DepCare) program and/or the Health Care Reimbursement Account (HCRA) program at the following times:

- 1) During an Open Enrollment, or
- 2) During a Period of Initial Eligibility (PIE) when you enroll in the plan for the first time this calendar year because
 - you are newly hired or rehired, or
 - you are hired into an appointment making you eligible for the plan(s)

Use the UPAY 919 form for all other DepCare and/or HCRA actions (to enroll due to an eligible mid-year event, cancel coverage, change your contribution, transfer between UC locations, or re-enroll in either plan this calendar year).

1. PERSONAL INFORMATION

NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	EMPLOYEE ID NUMBER
LOCATION	BIRTHDATE MO DY YR	ENTRY DATE MO DY YR
CAMPUS/LAB PHONE ()	COVERAGE EFFECTIVE DATE MO DY YR	HIRE DATE MO DY YR

2. EMPLOYEE ACTION

Check the box that applies:

- Open Enrollment—Effective date for Open Enrollment actions: January 1 of the following year.
- Period of Initial Eligibility (PIE) Enrollment (Effective date for PIE enrollment: first day of the month following the date this form is processed.)
New hire/Rehire (date: _____) Eligible appointment (date: _____)

Note that the effective date for HCRA and DepCare is different from other plans. For additional information regarding coverage effective dates, contact your Benefits Office or the person in your department who handles benefits.

3. CONTRIBUTIONS

Election:

Open Enrollment

Reduce annual gross salary by: DepCare \$ _____/year HCRA \$ _____/year
Your monthly contribution will be calculated by dividing the annual amount you elect by twelve monthly contributions.

PIE Enrollment—to enroll for the first time this year

Reduce annual gross salary by: DepCare \$ _____/year HCRA \$ _____/year
Your monthly contribution will be calculated by dividing the annual amount you elect by the number of monthly contributions remaining in the year.

Your monthly contribution will appear on your pay advice.

4. SIGNATURE

Terms and Conditions

By signing this form, you agree to the following terms and conditions:

1. You understand and accept all terms and conditions for the UC-sponsored plans in which you are enrolled as stated in the plan booklets and UC's *Group Insurance Regulations*.
2. When you specifically ask UC representatives to intercede on your behalf with your plan administrator, you authorize the administrator to release to the UC representatives the pertinent records pertaining to you and/or your family member(s). You also authorize UC to provide the administrator with any relevant personal health information (applies to HCRA only) necessary to resolve your inquire.
3. You authorize deductions from your earnings to cover your monthly contributions.
4. Actions you take during Open Enrollment will be effective the following January 1. Continued participation in HCRA and DepCare requires annual enrollment during Open Enrollment.

I certify under penalty of perjury that all of the above information is true to the best of my knowledge.

SIGNATURE	DATE	SYSTEM UPDATED BY	DATE
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RETN: 5 years after separation except retain until age 70 in cases involving disability retirement or disciplinary action.
Other copies: 0-5 years after separation.

WHITE: OFFICE OF RECORD
YELLOW: RETAINED BY EMPLOYEE

SEE REVERSE FOR PRIVACY NOTIFICATIONS

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.