

PERSONAL IDENTIFICATION NUMBER (PIN) AUTHORIZATION

UPAY 874 (R7/98) University of California Human Resources and Benefits

Complete this authorization and submit it with your other employment documents. Many of the University's benefits enrollments are automated and require employees to identify themselves by means of a Personal Identification Number (PIN). This authorization enables the University to provide you with a PIN. You cannot use the University's automated services without a PIN.

This authorization does not guarantee plan coverage or benefits; to receive benefits you must meet particular plan rules and eligibility requirements.

PERSONAL INFORMATION

NAME (Last, First, Middle Initial)		SOCIAL SECURITY NUMBER	EMPLOYEE ID NUMBER
CAMPUS/LAB	CAMPUS/LAB ADDRESS	DAYTIME PHONE ()	BIRTHDATE (MO/DY/YR)

AUTHORIZATION

By using my Personal Identification Number (PIN), I authorize the University to act upon any instructions I give through the University's electronic services including telephone or internet. I understand that this authorization extends to all enrollments, elections, loans, salary reduction agreements, and other transactions I make through these electronic services under any of the University's benefit plans.

By using my PIN, I authorize appropriate pretax or after-tax deductions from my earnings to cover health and welfare premiums, if any, for the plans I elect through the University's electronic services. I further authorize pretax or after-tax deductions from my earnings to cover my contributions to any retirement, loan, or investment elections I make through these electronic services.

By using my PIN, I understand that I may execute a Salary Reduction Agreement to enroll in the Tax-Deferred 403(b) Plan and I authorize salary reductions by the amount I indicate through these electronic services. I also authorize any changes or cancellations of previous Salary Reduction Agreements. The amount of my salary reduction will be contributed in my behalf to the fund(s) I have selected. The University may suspend my Salary Reduction Agreement when applicable limits have been reached. I further acknowledge that if I elect to invest my contributions in non-UC managed funds offered through the 403(b) Plan that it is my responsibility to read the prospectus(es) of any fund in which I invest. Any Salary Reduction Agreement I make will remain in force until cancelled and will supersede all previous Salary Reduction Agreements.

By using my PIN, I recognize that any election I make is to be administered in accordance with the Plan I am selecting, University regulations, and any relevant state and federal laws. I understand that I may not elect amounts in excess of applicable plan or legal maximums. Plan documents and insurance regulations are available upon my request.

I certify that the information I provide through the University's electronic services will be correct and complete. I understand that it is my continuing responsibility to report any change in eligibility of any of my dependents and I further understand that failure to do this can result in a loss of benefits and in potential discipline.

I understand that I have an obligation to monitor whether my election instructions have been followed, and if they have not been, to notify the University promptly so that corrections may be made. I further understand that my payroll advice and benefits statements are documents I shall review for this purpose.

I understand that my PIN is confidential. I agree not to reveal it to others. If I do, it will be my responsibility if a fraudulent transaction results from that use.

SIGNATURE

By my signature below, I agree to abide by the above-listed terms and conditions governing the use of my Personal Identification Number.

EMPLOYEE'S SIGNATURE	DATE
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FOR BENEFITS/ACCOUNTING USE ONLY

ON-LINE ENTRY UPDATE SCREEN	PIN SIGNATURE AUTHORIZATION DATE	PROCESSED BY _____ DATE _____		
EPD2	MO DY YR			
TRAN CODE (1-2)	EMPLOYEE NO. (4-12)	ENTRY DATE (13-18)	ELEMENT NO. (19-23)	PIN SIGNATURE AUTHORIZATION DATE (24-29)
X1		MO DY YR	07506	MO DY YR

RETN: Pending

WHITE – ACCOUNTING
CANARY – 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 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.

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. (B)

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. 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, and (4) earnings and contributions to participating retirement systems. (BB)