Rename Benefits Plans

Service Request 15218

Final

Revised 05/08/01

Overview

The Health and Welfare Division of Human Resources and Benefits has renamed some of the University California’s benefit plan packages and benefit plan names.

Effective January 1, 2001, the names have been changed as shown in the tables displayed below:

<table>
<thead>
<tr>
<th>Benefit Package Names</th>
<th>Current Package Name</th>
<th>Proposed Package Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Career Benefits</td>
<td>Full Benefits</td>
<td></td>
</tr>
<tr>
<td>Limited Career Benefits</td>
<td>Mid-Level benefits</td>
<td></td>
</tr>
<tr>
<td>Core Benefits</td>
<td>Core Benefits</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefit Plan Names</th>
<th>Current Benefit Name</th>
<th>Proposed Benefit Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>University-Paid Career Life</td>
<td>Basic Life</td>
<td></td>
</tr>
<tr>
<td>University-Paid Disability</td>
<td>Short Term Disability</td>
<td></td>
</tr>
<tr>
<td>Employee-Paid Life</td>
<td>Supplemental Life</td>
<td></td>
</tr>
<tr>
<td>Employee-Paid Disability</td>
<td>Supplemental Disability</td>
<td></td>
</tr>
<tr>
<td>University Paid Core Life</td>
<td>Core Life</td>
<td></td>
</tr>
</tbody>
</table>

To implement these changes in the Payroll/Personnel System (PPS) the following modifications should be made:

- **Data Dictionary/On-line Help:** The Data Dictionary and on-line help text should be changed to reflect the new benefit plan names.

- **On-line Screens:** The on-line screens EINS, IINS, IINP, IBN1 and IBN2 should be modified to reflect the new benefit plan names.

- **System Messages:** System messages should be changed to reflect the new benefit plan names.

- **Post Authorization Notification (PAN):** The benefit plan names displayed on the “Bene” and the “Hire” section of the PAN should be changed.
• **Employee Documents (IDOC):** The “Personal Information” and the “Appointment Information” sections of the IDOC should be changed to display the new benefit plan names.

• **Data Element Table (DET):** Data element descriptions on the DET table should be changed to reflect new benefit plan names.

• **Code Translation Table (CTT):** Code translations should be changed to reflect new benefit plan names.

• **Gross-To-Net Table (GTN):** GTN descriptions should be changed to reflect new benefit plan names.

• **Reports:** Various report headings should be changed to reflect new benefit plan names.

• **UPAY Forms:** Various UPAY forms should be changed to reflect new benefit plan names.

**PPS Modifications**

**Data Dictionary/On-Line Help**

The Data Dictionary entries for EDB 0123, EDB 0231, EDB 0232, EDB 0233, EDB 0275, EDB 0276, EDB 0277, EDB 0330, EDB 0360, EDB 0451 and EDB 0453 should be changed to reflect the new benefit name changes. On-line help text should be provided.

Refer to attachment A for proposed Data Dictionary changes.

**On-Line Screens**

The existing benefit labels for University-Paid Career Life, University-Paid Disability, Employee-Paid Life and Employee-Paid Disability should be changed on the EINS, IINS, IINP, IBN1 and IBN2 screens to reflect the new plan names Basic Life, Short Term Disability, Supplemental Life and Supplemental Disability.

Refer to attachment B for proposed label changes.

**System Messages**

The following system messages should be changed:

• **Employee Paid Disability Messages**

  Current messages

<table>
<thead>
<tr>
<th>Code</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV-023</td>
<td>EPD MAXIMUM SALARY NOT AVAILABLE FROM BRE</td>
</tr>
<tr>
<td>RC-090</td>
<td>INVALID EPD WAITING PERIOD</td>
</tr>
<tr>
<td>RC-091</td>
<td>INVALID EPD SALARY BASE ON TRANSACTION</td>
</tr>
</tbody>
</table>
01-088  BENEFITS RATES: NON-NUMERIC EMPLOYEE PAID DISABILITY RATE
01-089  INVALID EPD MAXIMUM SALARY BASE VALUE
01-657  BENEFITS RATES: INVALID LINE NUMBER FOR EPD RATES
08-188  EMPLOYEE-PAID LIFE INS DATA IS INCONSISTENT WITH ASSIGNED BELI
08-189  INELIGIBLE FOR EPD INS DUE TO BELI - WILL BE BLOCKED
12-021  INELIGIBLE FOR EPD INS DUE TO BELI - ADD/CHANGE BLOCKED
12-022  EMPLOYEE DE-ENROLLED FROM EMPLOYEE-PAID DISABILITY
13-020  EPD ENROLLMENT BLOCKED DUE TO BELI INELIGIBILITY
13-047  EPD ENROLLMENT BLOCKED - ALREADY ENROLLED
57-030  CALCULATED EPD BASE IS ZERO, PRIOR VALUE RETAINED

Proposed changes

IV-023  SUPPLEMENTAL DISABILITY MAXIMUM SALARY NOT AVAILABLE FROM BRE
RC-090  INVALID SUPPLEMENTAL DISABILITY WAITING PERIOD
RC-091  INVALID SUPPLEMENTAL DISABILITY SALARY BASE ON TRANSACTION
01-088  BENEFITS RATES: NON-NUMERIC SUPPLEMENTAL DISABILITY RATE
01-089  INVALID SUPPLEMENTAL DISABILITY MAXIMUM SALARY BASE VALUE
01-657  BENEFITS RATES: INVALID LINE NUMBER FOR SUPPLEMENTAL DISABILITY RATES
08-188  SUPPLEMENTAL LIFE INS DATA IS INCONSISTENT WITH ASSIGNED BELI
08-189  INELIGIBLE FOR SUPPL DISABILITY DUE TO BELI - WILL BE BLOCKED
12-021  INELIGIBLE FOR SUPPL DISAB DUE TO BELI - ADD/CHANGE BLOCKED
12-022  EMPLOYEE DE-ENROLLED FROM SUPPLEMENTAL DISABILITY
13-020  SUPPLEMENTAL DISABILITY ENROLLMENT BLOCKED DUE TO BELI INELIGIBILITY
13-047  SUPPLEMENTAL DISABILITY ENROLLMENT BLOCKED - ALREADY ENROLLED
57-030  CALCULATED SUPPLEMENTAL DISABILITY BASE IS ZERO, PRIOR VALUE RETAINED

Life Insurance Messages

Current messages

IV-024  GLI MAXIMUM SALARY NOT AVAILABLE FROM BRL
RC-056  INVALID LIFE INSURANCE PLAN CODE ON TRANSACTION INPUT
RC-057  INVALID LIFE INSURANCE SALARY BASE ON TRANSACTION INPUT
08-087  LIFE INSURANCE PLAN INFORMATION INCOMPLETE
08-088  EMPLOYEE-PAID LIFE INS DATA IS INCONSISTENT WITH ASSIGNED BELI
12-030  EMPLOYEE DE-ENROLLED FROM EMPLOYEE-PAID LIFE INSURANCE BENEFITS
12-319  INELIGIBLE FOR LIFE INSURANCE DUE TO BELI - ADD/CHANGE BLOCKED
13-021  EMPLOYEE PAID LIFE ENROLLMENT BLOCKED DUE TO BELI INELIGIBILITY
13-048  LIFE INSURANCE ENROLLMENT BLOCKED - ALREADY ENROLLED

Proposed changes

IV-024  SUPPLEMENTAL LIFE MAXIMUM SALARY NOT AVAILABLE FROM BRL
RC-056  INVALID SUPPLEMENTAL LIFE PLAN CODE ON TRANSACTION INPUT
RC-057  INVALID SUPPLEMENTAL LIFE SALARY BASE ON TRANSACTION INPUT
08-087  SUPPLEMENTAL LIFE PLAN INFORMATION INCOMPLETE
08-088  SUPPLEMENTAL LIFE INS DATA IS INCONSISTENT WITH ASSIGNED BELI
12-030  EMPLOYEE DE-ENROLLED FROM SUPPLEMENTAL LIFE INSURANCE BENEFITS
12-319  INELIGIBLE FOR SUPPLEMENTAL LIFE DUE TO BELI - ADD/CHANGE BLOCKED
13-021  SUPPLEMENTAL LIFE ENROLLMENT BLOCKED DUE TO BELI INELIGIBILITY
13-048  SUPPLEMENTAL LIFE ENROLLMENT BLOCKED - ALREADY ENROLLED
**PAN**

Benefit labels and BELI translations should be changed on the “Bene” and “Hire/Rehire” section of the PAN.

<table>
<thead>
<tr>
<th>PAN Benefit Plan Names</th>
<th>Bene Section</th>
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<tbody>
<tr>
<td><strong>Current Benefit Name</strong></td>
<td><strong>Proposed Benefit Name</strong></td>
</tr>
<tr>
<td>Employee-Paid Life</td>
<td>Supplemental Life</td>
</tr>
<tr>
<td>Employee-Paid Disability</td>
<td>Supplemental Disability</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PAN Benefit Plan Names</th>
<th>Hire/Rehire Section</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BELI</strong></td>
<td><strong>Translation</strong></td>
</tr>
<tr>
<td>1</td>
<td>Career Benefits</td>
</tr>
<tr>
<td>2</td>
<td>Ltd. Career (12+)</td>
</tr>
<tr>
<td>3</td>
<td>Ltd. Career (&lt;12)</td>
</tr>
</tbody>
</table>

Refer to attachment C for proposed label changes.

**IDOCS**

The benefit name translation on the IDOCS should be changed to reflect the new benefit plan names.

<table>
<thead>
<tr>
<th>IDOC Benefit Name Translations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summary of Initial Hire or Rehire (Appointment Section)</strong></td>
</tr>
<tr>
<td><strong>Current Benefit Name Translation</strong></td>
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<tr>
<td>Career Benefits</td>
</tr>
<tr>
<td>Limited Career benefits</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IDOC Benefit Name Translations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summary of UC Benefits Enrollments (Personal Section)</strong></td>
</tr>
<tr>
<td><strong>Current Benefit Name Translation</strong></td>
</tr>
<tr>
<td>Career Benefits</td>
</tr>
<tr>
<td>Limited Career benefits</td>
</tr>
</tbody>
</table>
### IDOC Benefit Name Translations

Summary of UC Benefits Enrollments
(Health and Welfare Benefit Enrollment Information Section)

<table>
<thead>
<tr>
<th>Current Benefit Name Translation</th>
<th>Proposed Benefit Name Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>University-Paid Disability</td>
<td>Short Term Disability Insurance</td>
</tr>
<tr>
<td>University-Paid Life Insurance</td>
<td>Basic Life Insurance</td>
</tr>
<tr>
<td>Employee Paid Disability</td>
<td>Supplemental Disability Insurance</td>
</tr>
<tr>
<td>Employee Paid Life Insurance</td>
<td>Supplemental Life Insurance</td>
</tr>
</tbody>
</table>

Refer to attachment D for proposed changes.

### Data Element Table

Data element descriptions on the DET table should be changed to reflect new benefit descriptions.

<table>
<thead>
<tr>
<th>Data Element #</th>
<th>Current Description</th>
<th>Proposed Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0231-8</td>
<td>EPD WAIT PERIOD</td>
<td>DIS WAIT PERIOD</td>
</tr>
<tr>
<td>0232-9</td>
<td>EPD SALARY BASE</td>
<td>DIS SALARY BASE</td>
</tr>
<tr>
<td>0233-0</td>
<td>EPD COVRGE DATE</td>
<td>DIS COVRGE DATE</td>
</tr>
<tr>
<td>0330-0</td>
<td>UC-PAID LI COVG</td>
<td>BASIC LIFE</td>
</tr>
<tr>
<td>0451-8</td>
<td>UC LIFE COV DAT</td>
<td>BASIC LI COV DT</td>
</tr>
<tr>
<td>0453-0</td>
<td>UC DISAB COV DT</td>
<td>STD COV DATE</td>
</tr>
</tbody>
</table>

### Code Translation Table

Code translations on the CTT table should be changed to reflect new benefit names.

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Code Value</th>
<th>Code Translation</th>
<th>Translation Length</th>
<th>Proposed Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>GTNLBL</td>
<td>020</td>
<td>Univ. Paid Disability</td>
<td>24</td>
<td>Short Term Disability</td>
</tr>
<tr>
<td>GTNLBL</td>
<td>050</td>
<td>Life Insurance</td>
<td>24</td>
<td>Supplemental Life</td>
</tr>
<tr>
<td>GTNLBL</td>
<td>325</td>
<td>Employee Paid Disability</td>
<td>24</td>
<td>Supplemental Disability</td>
</tr>
</tbody>
</table>
Gross-To-Net Table

Gross-To-Net descriptions on the GTN table should be changed to reflect new benefit descriptions.

<table>
<thead>
<tr>
<th>GTN #</th>
<th>Description</th>
<th>Proposed Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>050</td>
<td>LIFE INSUR</td>
<td>SUPPL LIFE</td>
</tr>
<tr>
<td>325</td>
<td>EMP PD DIS</td>
<td>SUPPL DIS</td>
</tr>
</tbody>
</table>

Payroll Reports

The following reports should have their titles or headers changed.

- **Program PPP650 – Reports PPP6501, PPP6502, PPP6503 and PPP6504** – Currently, these reports display “EPD” for Employee Paid Disability and “EELI” for Employee Paid Life in the column header. “EPD” should be changed to “SPDIS” and “EELI” should be changed to “SPLIF”.

- **Program PPP010 – Report PPP0114** – Currently, this report displays “Group Life Insurance” and “Employee Paid Disability” in the subject header. “Group Life Insurance” should be changed to “Supplemental Life” and “Employee Paid Disability” should be changed to “Supplemental Disability”.

UPAY Forms

The following UPAY forms should have their titles or headers changed.

- **UPAY640A** (Payroll Maintenance Worksheet-1) – On the DE transaction entry, reference is made to “EPD Salary”. This should be changed to “Supp Dis Sal”.

- **UPAY 718** (Designation of Beneficiary; Life and AD&D Insurance) – UPAY 718 is used to designate beneficiaries to Life and AD&D insurance plans. UCOP Benefits will coordinate any required changes to this form.
System Number: EDB0123

User Access Name: 0123-0

Programming Name: NDI_Code IN PPPBEN

Revision Date: xx/xx/xx

Comments

Location(s): HBN 4541 - UC Paid Temporary Disability Insurance Code-HBN in HDB
              APS 0944 - Temporary Disability Insurance Code-UC Paid
              BCS 0944 - Temporary Disability Insurance Code-UC Paid
              CPS 0944 - Temporary Disability Insurance Code-UC Paid
              IPS 0944 - Temporary Disability Insurance Code-UC Paid
              OPP 0944 - Temporary Disability Insurance Code-UC Paid

Name: SHORT TERM DISABILITY INSURANCE CODE-EDB

Type: ALPHANUMERIC

Length: 1

Format

N/A

General Description

Code indicating the Short Term Disability coverage for an individual.

Code Interpretation

A - Covered by employee paid Short Term Disability
Blank - Not eligible for coverage

Note - The default value is "A", provided the individual is a member of a retirement system to which the University contributes.
System Number: EDB0231

User Access Name: 0231-8

Programming Name: EPD_WAITPERIOD IN PPPBEN

Revision Date: PUBL. xx/xx/xx

Comments

Location(s): HBN 4525 - Employee Paid Disability Waiting Period-HBN in HDB
            APS 4077 - Employee Paid Disability Waiting Period
            CPS 4077 - Employee Paid Disability Waiting Period
            IPS 4077 - Employee Paid Disability Waiting Period
            OPP 4077 - Employee Paid Disability Waiting Period

Name: SUPPLEMENTAL DISABILITY INSURANCE WAITING PERIOD-EDB

Type: ALPHANUMERIC

Length: 3

Format

N/A

General Description

The number of calendar days which must elapse after a disability is incurred before an individual's Supplemental Disability insurance benefits can begin.

Code Interpretation

007 - 7 day waiting period
030 - 30 day waiting period
090 - 90 day waiting period
180 - 180 day waiting period
System Number:       EDB0232
User Access Name:     0232-9
Programming Name:     EPD_SALARY_BASE IN PPPBEN
Revision Date:        xx/xx/xx

Comments

Location(s):   HBN 4523  - Employee Paid Disability Salary Base-HBN in HDB
               APS 4078  - Employee Paid Disability Salary Base
               CPS 4078  - Employee Paid Disability Salary Base
               IPS 4078   - Employee Paid Disability Salary Base
               OPP 4078  - Employee Paid Disability Salary Base

Name:           SUPPLEMENTAL DISABILITY INSURANCE SALARY BASE-EDB
Type:           NUMERIC
Length:         5

Format
nnnnn

General Description

The full-time pay rate of covered compensation, used in the computation of Supplemental Disability premiums.

Code Interpretation

N/A

Note - The amount is expressed in whole dollars.
System Number: EDB0233

User Access Name: 0233-0

Programming Name: EPD_COVRGE_DATE IN PPPBEN

Revision Date: xx/xx/xx

Comments

Location(s): HBN 4524 - Employee Paid Disability Coverage Effective Date-HBN in HDB
            APS 4080 - Employee Paid Disability Coverage Effective Date
            CPS 4080 - Employee Paid Disability Coverage Effective Date
            IPS 4080 - Employee Paid Disability Coverage Effective Date
            OPP 4080 - Employee Paid Disability Coverage Effective Date

Name: SUPPLEMENTAL DISABILITY INSURANCE COVERAGE EFF DATE-EDB

Type: NUMERIC

Length: 6

Format

MM/DD/YY - Inquiry Only; MMDDYY - Entry/Update

General Description

The effective date of coverage for Supplemental Disability Insurance.

Code Interpretation

N/A
System Number: EDB0275

User Access Name: 0275-0

Programming Name: LIFE_SALARY_BASE IN PPPBEN

Revision Date: xx/xx/xx

Comments

Location(s): HBN 4539 - Life Insurance Salary Base-HBN in HDB
              APS 0941 - Life Insurance Salary Base
              BCS 0941 - Life Insurance Salary Base
              CPS 0941 - Life Insurance Salary Base
              IPS 0941 - Life Insurance Salary Base
              OPP 0941 - Life Insurance Salary Base

Name: SUPPLEMENTAL LIFE INSURANCE SALARY BASE-EDB

Type: NUMERIC

Length: 3

Format

nnn

General Description

The salary base used to determine Supplemental Life insurance coverage, expressed in thousands of dollars.

Code Interpretation

The annual full-time salary amount is rounded to the next highest thousand and the three right-most zeroes are truncated. E.g., $18,750 is rounded to $19,000 and entered as '019'. The Supplemental Life Insurance Salary Base is always zero if the Supplemental Life Insurance Plan Code is blank (not enrolled) or 'F' (flat-rated).
System Number: EDB0276

User Access Name: 0276-1

Programming Name: LIFEINS_PLAN IN PPPBEN

Revision Date: xx/xx/xx

Comments

Location(s): HBN 4537 - Life Insurance Plan Code-HBN in HDB
APS 0940 - Life Insurance Plan Code
BCS 0940 - Life Insurance Plan Code
CPS 0940 - Life Insurance Plan Code
IPS 0940 - Life Insurance Plan Code
OPP 0940 - Life Insurance Plan Code

Name: SUPPLEMENTAL LIFE INSURANCE PLAN CODE-EDB

Type: ALPHANUMERIC

Length: 1

Format

N/A

General Description

Code indicating the amount of life insurance coverage selected by the individual.

Code Interpretation

1 - 1 times the life insurance salary base
2 - 2 times the life insurance salary base
3 - 3 times the life insurance salary base
4 - 4 times the life insurance salary base
F - Flat coverage
System Number: EDB0277
User Access Name: 0277-2
Programming Name: LIFE_EFFDATE IN PPPBEN
Revision Date: xx/xx/xx

Comments
Location(s): HBN 4538 - Life Insurance Coverage Effective Date-HBN in HDB
APS 0939 - Life Insurance Coverage Effective Date
BCS 0939 - Life Insurance Coverage Effective Date
CPS 0939 - Life Insurance Coverage Effective Date
IPS 0939 - Life Insurance Coverage Effective Date
OPP 0939 - Life Insurance Coverage Effective Date

Name: SUPPLEMENTAL LIFE INSURANCE COVERAGE EFFECTIVE DATE-EDB
Type: NUMERIC
Length: 6

Format
MM/DD/YY - Inquiry Only; MMDDYY - Entry/Update

General Description
The effective date of coverage for Supplemental Life insurance.

Code Interpretation
N/A
System Number: EDB0330

User Access Name: 0330-0

Programming Name: LIFE_UCPAIDAMT IN PPPBEN

Revision Date: xx/xx/xx

Comments

Location(s): HBN 4540 - Life Insurance Coverage-UC Paid-HBN in HDB
          APS 2013 - Life Insurance Coverage-UC Paid
          BCS 2013 - Life Insurance Coverage-UC Paid
          CPS 2013 - Life Insurance Coverage-UC Paid
          IPS 2013 - Life Insurance Coverage-UC Paid
          OPP 2013 - Life Insurance Coverage-UC Paid

Name: BASIC LIFE INSURANCE COVERAGE-UC PAID-EDB

Type: NUMERIC

Length: 3

Format

nnn

General Description

The amount of employer paid Basic Life insurance coverage.

Code Interpretation

The annual salary amount (with certain adjustments) is rounded to the next highest thousand and the three right-most digits are truncated. E.g., $18,750 is rounded to $19,000 and entered as '019'. The Basic Life insurance amount is always blank if Retirement System Code-EDB (EDB0122) has a value of blank (no retirement plan) or 'N' (not eligible) or 'H' (Safe Harbor Plan).
System Number:  EDB0360
User Access Name: 0360-1
Programming Name: BELI_IND_ in PPPBEL
Revision Date: xx/xx/xx

Comments:

Location(s): HBN 4511 – Benefits Eligibility Level-Assigned-HBN in HDB
            APS 3332 – Benefits Eligibility Level-Assigned
            BCS 3332 – Benefits Eligibility Level-Assigned
            CPS 3332 – Benefits Eligibility Level-Assigned
            IPS  3332 – Benefits Eligibility Level-Assigned
            OPP  3332 – Benefits Eligibility Level-Assigned

Name:  BENEFITS ELIGIBILITY LEVEL INDICATOR-ASSIGNED-EDB
Type:  ALPHANUMERIC
Length:  1
Format:
N/A

General Description:

Code indicating the set of benefits for which the individual is eligible.

Code Interpretation:

1  -  Full benefits eligibility
2  -  Mid-level benefits eligibility – not a member of a retirement system and
      appointment is for 12 months or more
3  -  Mid-level benefits eligibility – not a member of a retirement system and
      appointment is for less than 12 months
4  -  Core benefits eligibility only – Average Hours Worked Per Week
      (EDB 5132) meets minimum eligibility requirement
5  -  No benefits eligibility for any of the following reasons:
      -  Average Hours Worked per Week (EDB 5132) does not meet minimum
         eligibility requirement
      -  Appointments are either Casual/Restricted or are in Titles restricted to
         students
- Appointments are Per Diem in nature
- "By agreement" appointments
- Appointments without salary

? - No value assigned or separated employee

NOTE - Previous code values are attached

EDB 0360 BENEFITS ELIGIBILITY LEVEL INDICATOR - ASSIGNED

CODE VALUES PRIOR TO JANUARY 1, 1995

5 - No benefits eligibility - Average Hours Worked per Week (EDB 5132) does not meet minimum eligibility requirement

6 - No benefits eligibility - appointments are either Casual/Restricted or are in Titles restricted to students

7 - No benefits eligibility - appointments are Per Diem in nature

8 - No benefits eligibility - "by agreement" appointments

9 - No benefits eligibility - appointment without salary
System Number: EDB0451
User Access Name: 0451-8
Programming Name: LIFE_UCPD_EFFDATE IN PPPBEN
Revision Date: xx/xx/xx

Comments
Location(s): N/A

Name: BASIC LIFE INSURANCE COVERAGE EFFECTIVE DATE
Type: NUMERIC
Length: 6

Format
MM/DD/YY - Inquiry Only; MMDDYY - Entry/Update

General Description
The effective date of coverage for the employer paid Basic Life Insurance Plan.

Code Interpretation
N/A
System Number: EDB0453

User Access Name: 0453-5

Programming Name: NDI_COVEFFDATE IN PPPBEN

Revision Date: xx/xx/xx

Comments

Location(s): N/A

Name: SHORT TERM DISABILITY INSURANCE PLAN COVERAGE EFFECTIVE DATE

Type: NUMERIC

Length: 6

Format

MM/DD/YY - Inquiry Only; MMDDYY - Entry/Update

General Description

The effective date of coverage for the employer paid Short Term Disability Insurance Plan.

Code Interpretation

N/A
### Proposed EINS Screen Changes

<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
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<tr>
<td>PPEINS0-E1281</td>
<td>EDB Entry/Update</td>
<td>01/16/01 13:38:00</td>
<td></td>
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<td></td>
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<tr>
<td>01/09/01 14:10:09</td>
<td>Insurance Enrollment</td>
<td>Userid: PAYPCW</td>
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<tr>
<td>ID: 000050020 Name: PRESENT, MARCUS</td>
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<td>Assigned BELI: 1 Derived BELI: 1 Effective Date: 020191</td>
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<td>CURRENT ENROLLMENTS</td>
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<td>End Date</td>
<td>Opt Out</td>
<td>BRSC</td>
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<tr>
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<td>Insurance Reduction Code :</td>
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<td>ID:</td>
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```
F: 1-Help 3-PrevMenu 4-Print 5-Update
F: 9-Jump 12-Exit
```
Proposed IINS Screen Changes

<table>
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<tr>
<th>Plan</th>
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<th>Cov</th>
<th>Contr</th>
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<th>End Date</th>
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<tbody>
<tr>
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<td>0.00</td>
<td>0.00</td>
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<tr>
<td>Dental</td>
<td>Delta Dental</td>
<td>SINGLE</td>
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<td>01/01/91</td>
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<td></td>
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</tr>
<tr>
<td>Vision</td>
<td>Vision Care</td>
<td>SINGLE</td>
<td></td>
<td>01/01/90</td>
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Future Enrollment Pending: NO

<table>
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<tr>
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<th>Cov</th>
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<th>Eff Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life</td>
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<td>050</td>
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<td></td>
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</tr>
<tr>
<td>Exec Life</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental Life</td>
<td>1 X ANNUAL</td>
<td>050</td>
<td>5.05</td>
<td>01/01/90</td>
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<tr>
<td>Dep Life</td>
<td></td>
<td>SPOUSE/DP</td>
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<td>2.25</td>
<td>01/01/90</td>
</tr>
<tr>
<td>STD/Suppl Dis</td>
<td></td>
<td>A / 007</td>
<td>04117</td>
<td>56.40</td>
<td>01/01/90</td>
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<tr>
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<td>MODIFIED Prin Sum 085</td>
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Next Func: ID: Name: SSN:

F: 1-Help 2-Browse 3-PrevMenu 4-Print 9-MainMenu 12-Exit
### Proposed IINP Screen Changes

1234567890123456789012345678901234567890123456789012345678901234567890

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<th>EDB Inquiry</th>
<th>01/16/01 15:05:06</th>
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<tr>
<td>01/16/01 14:30:11</td>
<td>Insurance</td>
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<tr>
<td>ID: 000050020 Name: PRESENT, MARCUS</td>
<td>SSN: 555-55-5020</td>
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</tr>
<tr>
<td>Hm Dept: 804918 CHAN OFFICE</td>
<td>Emplmt Status: A Pri Pay: MO</td>
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<tr>
<td>Asgn/Drv BELI: 02/01/91 Eff Dt: 02/01/91 Qual: /</td>
<td>Ret: U Ins Red: Age 1/1: 42</td>
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<tr>
<td>Plan</td>
<td>Description</td>
<td>Cov</td>
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<tr>
<td>Medical</td>
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<td>0.00</td>
</tr>
<tr>
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<table>
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<tr>
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<tr>
<td>STD/Suppl Dis</td>
<td>A / 007</td>
<td>04117</td>
<td>0.00</td>
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<td></td>
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<td>MODIFIED Prin Sum 085</td>
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<td>01/01/90</td>
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</tr>
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```plaintext
===>
F: 1-Help 2-Browse 3-PrevMenu 4-Print
F: 9-MainMenu 12-Exit
```
Proposed IBN1 Screen Changes

1234567890123456789012345678901234567890123456789012345678901234567890

PFIBN10-I0944 History Inquiry 01/16/01 14:50:52
07/16/96 14:24:00 Benefits Data 1 Userid: PAYPCW
ID: 000050020 Name: ABSENT, MARCUS SSN: 555-55-5020
Incorrect Flag:

BELI-Assigned : 1 ADD Coverage : M
BELI-Derived : 1 ADD Eff Date : 01/01/1990
BELI Eff Date : 02/01/1991 ADD Principal : 085
BELI Change Date : 01/93
BELI Conflict Dt : Suppl Disability : 04117
Core Ben Cover : Suppl Disability Eff Date :
Ins Reduction : Suppl Disability Wait Per :
Auto/Home Deduct : Basic Life : 050
STD Code : A Basic Life Ins Eff Date : 02/01/1991
STD Eff Date : 02/01/1991

Next Func: ID: Name: SSN:
Date: View incorrect records?

====>

F: 1-Help 2-Browse 3-PrevMenu 4-Print
F: 5-Exit 9-MainMenu 10-PrevRec 12-Exit

Page 4
Attachment B
Rename benefits requirements
May 8, 2001
### Proposed IBN2 Screen Changes

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<tr>
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<td>View incorrect records?</td>
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F: 1-Help 2-Browse 3-PrevMenu 4-Print
F: 9-MainMenu 10-PrevRec 12-Exit
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## Proposed Post Authorization Notification (PAN) Change

### Benefits

<table>
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<tr>
<th>Plan</th>
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<th>Expiration Date</th>
<th>Coverage</th>
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<tbody>
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<tr>
<td>Dental</td>
<td>Delta Dental</td>
<td>01/01/91</td>
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<td>One Party</td>
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<tr>
<td>Vision</td>
<td>Vision Care</td>
<td>01/01/90</td>
<td></td>
<td>One Party</td>
</tr>
<tr>
<td>Legal</td>
<td>Signature Legal</td>
<td>01/01/90</td>
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<td>One Party</td>
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<tr>
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<tr>
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</tr>
<tr>
<td>Vision Plan Opt Out</td>
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<td></td>
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<td></td>
</tr>
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<td>Supplemental Life</td>
<td>1 x Annual</td>
<td>01/01/90</td>
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<td></td>
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<td>&quot;Dependent Life:&quot;</td>
<td>Spouse or Domestic Partner only</td>
<td>01/01/90</td>
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<tr>
<td>Supplemental Disability</td>
<td>007 Days</td>
<td>01/01/90</td>
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<tr>
<td>AD&amp;D Plan</td>
<td>Modified Family Plan</td>
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**TIP Code:**

- Executive Life Change Code:  Change Eff Date:

- Dependent Care Deduction:
## Proposed Post Authorization Notification (PAN) Change

**Hire/Rehire**

<table>
<thead>
<tr>
<th>Employee Name: PAUL J JONES</th>
<th>ID Number: 340000000</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following Hire has been recorded.</td>
<td></td>
</tr>
<tr>
<td>Hire Date: 07/01/00</td>
<td>Home Department: 804918  CHANCELLORS OFFICE</td>
</tr>
<tr>
<td>Student St: 1-Not Registered</td>
<td>Units: 00.0 Citizen: U.S. Citizen</td>
</tr>
<tr>
<td>Exclusively Represented: No</td>
<td>Next Rvw. Dt-Typ: - Prob. Per. End:</td>
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<tr>
<td>Retirement: UCRP</td>
<td>FICA: OASDI/Medicare</td>
</tr>
<tr>
<td>BELI: 1-Full Benefits</td>
<td>BELI Eff. Date: 07/01/00</td>
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<tr>
<td>PIE End Date: 07/31/00</td>
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</table>

Appointed as:

<table>
<thead>
<tr>
<th>10) 7276 PROGRAMMER/ANALYST II-SUPVR</th>
<th>Dept: CHAN OFFICE</th>
<th>FLSA: Non-Ex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term of Service: 07/01/00 to Indefinite</td>
<td>% Time: 1.00 Grade:</td>
<td>TUC: 99 LV:</td>
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<tr>
<td>Personnel Program: Prof/Staff Appt Type: Career</td>
<td>Basis: Paid Over:</td>
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</tr>
</tbody>
</table>

| 11) Pay Category: REG-REGULAR | $5,323.00 Monthly | Step: at 100.00% Fixed Time, effective 07/01/00, with an end date of Indefinite from account 3-404918-19900-1 |

---

1 For BELI 1, print the literal “**Full Benefits**”
For BELI 2 print the literal “**Mid-Level (12+)***”
For BELI 3 print the literal “**Mid-Level (<12)**”
For BELI 4 and 5, no changes are requested
Proposed Employee Document (IDOC) Change

Summary of UC Benefits Enrollment

PERSONAL INFORMATION

Your Employee Identification Number is: 000050002
Your Birthdate is: 03/02/20
We have as your Permanent Address:

1 WILCOX WAY
MARIN                CA, 95813

Your citizenship status is: U.S. Citizen
Your Visa Type is:        Your Work Permit End Date is:

You have chosen the following Withholding Allowances:

Federal Tax Status: Married         5
State Tax Status: Married           2
Additional State Allowances:        3

Your appointment has qualified you for:

University of California Retirement Plan
OASDI & Medicare
Full Benefits 2
Mid-Level Benefits 3
Core Benefits ⇔ No change (“Core Benefits” prints when the BELI is 4)
No Benefits ⇔ No change (“No Benefits” prints when the BELI is 5)

HEALTH AND WELFARE BENEFIT ENROLLMENT INFORMATION

You are enrolled in the following health and welfare plans:

* Kaiser North
  Family Coverage
  Coverage Effective date: 01/01/90
  Your monthly cost for this coverage is: $ 5.00

* Delta Dental
  Two-Party Coverage
  Coverage Effective date: 01/01/90
  Your monthly cost for this coverage is: $ 0.00

* Vision Services Plan
  Two-Party Coverage
  Coverage Effective date: 01/01/90
  Your monthly cost for this coverage is: $ 0.00

* Signature LegalCare
  Family Coverage
  Coverage Effective date: 01/01/90
  Your monthly cost for this coverage is: $ 10.45

The following family members are enrolled:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Enrolled/Effective Date/End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1 POWERS</td>
<td>Spouse</td>
<td>Yes                 Yes         Yes     Yes     Yes     Yes</td>
</tr>
<tr>
<td>01</td>
<td>02/02/42</td>
<td>543-76-8091</td>
</tr>
</tbody>
</table>

---

2 Print the literal “Full Benefits” when BELI is 1
3 Print the literal “Mid-Level Benefits” when BELI is 2 or 3
(It is your responsibility to ensure that all family members meet UC eligibility requirements. Contact your campus Benefit Representative for more information.)

Additionally, you are enrolled in the following:

* Accidental Death & Dismemberment Insurance
  - Your coverage type is: Modified Family Plan
  - Amount of Coverage: $200,000.00
  - Coverage Effective Date: 01/01/90
  - Your monthly cost for this coverage is: $3.40

* Short Term Disability Insurance

* Supplemental Disability Insurance
  - Waiting period: 7 days
  - Salary Base: $7143.00
  - Coverage Effective date: 04/01/92
  - Your monthly cost for this coverage is: $523.92

* Basic Life Insurance in the amount of $50,000.00

* Supplemental Life Insurance
  - Plan Type: 3 times your most recent January 1 Annual Salary Base
  - Annual Salary Base: $117,000.00
  - Coverage Effective Date: 01/09/00
  - Your monthly cost for this coverage is: $684.45

You are participating in the Executive Life Insurance Plan for 2 times your most recent January 1 annual salary.

You are participating in the Tax Savings on Insurance Premium (TIP) Plan. Any premiums you pay as an employee for health will be on a pre-tax basis.

---

4 Print the literal “Short Term Disability Insurance” instead of “University-Paid Disability”
5 Print the literal “Supplemental Disability Insurance” instead of “Employee Paid Disability Plan”
6 Print the literal “Basic Life Insurance” instead of “University-Paid Life Insurance”
7 Print the literal “Supplemental Life Insurance” instead of “Employee Paid Life Insurance Plan”
Proposed Employee Documents (IDOC) Change

Summary of Initial Hire or Rehire

-------------------------------------------------------------------------------
APPOINTMENT INFORMATION
-------------------------------------------------------------------------------
You have been appointed as:

(1) CHANCELLOR                     Title Code:      Grade: C
Department:        CHANCELLORS OFFICE
Term of Service:   07/01/96 to Indefinite
Percent of Time:   100          FLSA: Exempt
Personnel Program: Mgmt/Sr Prof       Appointment Type: Regular/Career

(2) PROFESSOR - 9-MONTHS           Title Code:      Step:
UNIVERSITY OF CALIFORNIA          Print Date: 01/17/01
PAYROLL/PERSONNEL SYSTEM        Page 2 of 2
Summary of Initial Hire or Rehire
Department:        CHANCELLORS OFFICE
Term of Service:   07/01/89 to Tenure
Percent of Time:                FLSA: Exempt
Personnel Program: Academic       Appointment Type: Academic

Your position is covered by the following union contract(s):
  (1) none
  (2) none

Your appointment has qualified you for:
  University of California Retirement Plan
  OASDI & Medicare
  Full Benefits 8
  Mid-Level Benefits 9
  Core Benefits ← No change ("Core Benefits" prints when the BELI is 4)
  No Benefits ← No change ("No Benefits" prints when the BELI is 5)

Your appointment(s) allows you to accrue the following:
  (1) Vacation:   Yes  *Rate: 16.00 hrs/month
                  Sick Leave: Yes  *Rate:  8.00 hrs/month
                  Sabbatical Credit: Yes
  (2) Vacation:   No
                  Sick Leave: No
                  Sabbatical Credit: Yes

*Note: Accrual rate shown is the approximate maximum that may be earned for 100 percent time per month or quadriweekly cycle. Your accrual will vary according to your hours worked. You must be on pay status at least one-half of the working hours in the month or quadriweekly cycle to be eligible to earn vacation or sick leave for that period.

At this time, you are scheduled to receive a Salary Review on 07/93 forMerit

8 Print the literal “Full Benefits” when BELI is 1
9 Print the literal “Mid-Level Benefits” when BELI is 2 or 3