

BENEFITS ELIGIBILITY LEVEL INDICATOR (BELI) AND STATUS QUALIFIER CODE (SQC) ASSIGNMENT OR REASSIGNMENT

UPAY 726 (R11/02) University of California Human Resources and Benefits

Fill in all the pertinent information. Send this form to your Accounting Office.

| | | | |
|-----------------------------|------------------------|------------|--------------------|
| EMPLOYEE INFORMATION | | | |
| EMPLOYEE NAME | | | Entry Date (13-18) |
| EMPLOYEE ID NO. (4-12) | SOCIAL SECURITY NUMBER | CAMPUS/LAB | DEPARTMENT |

BELI CODE ACTION

INITIAL APPOINTMENT-BELI FOR NEW EMPLOYEE

This chart represents the health and welfare benefits associated with each benefits package. Ongoing eligibility is determined on the basis of average regular paid time and is not reflected on this chart.

| Health and Welfare Benefit Packages | Medical | Core Medical | Basic Life | Core Life | Supp Life | Basic Dep Life | Expanded Dep Life | Dental Vision Legal | Short Term Dis | Supp Disability | AD&D | DepCare | HCRA | TIP | Auto/Home/Rent |
|-------------------------------------|---------|--------------|------------|-----------|-----------|----------------|-------------------|---------------------|----------------|-----------------|------|---------|------|-----|----------------|
| Full Benefits | yes* | yes* | yes | | yes | yes | yes** | yes | yes | yes | yes | yes | yes | yes | yes |
| Mid-level | yes* | yes* | | yes | yes | yes | yes** | | | | yes | yes | yes | yes | yes |
| Core | | yes | | yes | | | | | | | yes | yes | yes | yes | |

*May not be enrolled in medical and Core medical plans concurrently.

**Must be enrolled in Supplemental Life.

CHANGE OF APPOINTMENT-BELI FOR CONTINUING EMPLOYEE

A change in this employee's employment status has occurred. We must change the employee's BELI to reflect this action. We have discussed the effects of this change with the Personnel Office. We have discussed the change with the employee and have arranged for the employee to receive detailed information on the effects of this change.

CORRECTION OF ERRONEOUSLY ASSIGNED BELI

EMPLOYEE ACKNOWLEDGMENT: Your current BELI of _____ has been changed to _____. Your signature indicates neither agreement nor disagreement with the reevaluation of your BELI, but it does indicate that you have been advised of the change and that you understand deenrollment from current coverages may occur. Detailed information about this BELI change, including information about COBRA and conversion rights, if appropriate, is contained in a letter that is being provided to you. Further information is available from your Benefits Representative.

| | | | | | |
|---------------------------------------------------------|-----------------|---------------------|--------------------|---------------------|-----------------------------|
| EMPLOYEE SIGNATURE | | | | | DATE |
| Indicate BELI code and effective date in boxes provided | TRAN CODE (1-2) | ELEMENT NO. (19-23) | ASSIGNED BELI (24) | ELEMENT NO. (31-35) | BELI EFFECTIVE DATE (36-41) |
| | X1 | 03601 | | 03418 | MO DY YR |

| | | | | | |
|----------------------------------------------------|-----------------|---------------------|------------------------|---------------------|------------------------|
| STATUS QUALIFIER CODE ACTION | | | | | |
| Indicate qualifier code and date in boxes provided | TRAN CODE (1-2) | ELEMENT NO. (19-23) | QUALIFIER CODE (24-25) | ELEMENT NO. (31-35) | QUALIFIER DATE (36-41) |
| | X1 | 02404 | | 02415 | MO DY YR |
| PRIMARY QUALIFIER CODE | | | | | |
| SECONDARY QUALIFIER CODE | X1 | 02426 | | 02437 | |

| | | |
|----------------------------|-------|------|
| REQUIRED SIGNATURES | | |
| COMPLETED BY | PHONE | DATE |
| DEPARTMENT APPROVAL | PHONE | DATE |

RETN: Accounting: 5 years following separation except retain in cases involving disability retirement or disciplinary action until age 70.
Other copies: 0-5 years after separation.

WHITE -ACCOUNTING OFFICE
CANARY -BENEFITS
PINK -DEPARTMENT
GOLDENROD -EMPLOYEE

BENEFITS ELIGIBILITY LEVEL INDICATOR (BELI) AND STATUS QUALIFIER CODE (SQC)

ASSIGNMENT OR REASSIGNMENT

UPAY 726 (R11/02) University of California Human Resources and Benefits

This form should be completed by an employee's department when there is an initial assignment or reassignment of either a-

- Benefits Eligibility Level Indicator (BELI) or
- Status Qualifier Code (SQC)

Reassignment of a BELI or SQC may be required because of changes in the employee's conditions of employment.

BELI CODE

The BELI code indicates an employee's eligibility for health and welfare benefits and controls access to the plans. All **employees must have a BELI assigned to them**. A BELI effective date must be entered, representing when the BELI status began. If the BELI has changed, have the member sign this form and provide a copy of this form for their records.

BELI INITIAL ELIGIBILITY REQUIREMENTS

| BELI Code | Benefits Package | Requirements |
|-----------|------------------|------------------------------------------------------------------------------------------------------------|
| 1 | Full Benefits | • Member of UCRP* |
| 2 | Mid-level | • 50% or more for 12 months or more in a class not eligible for UCRP membership (e.g. visiting titles) |
| 3 | Mid-level | • Not a member of UCRP • 1 00% time for at least 3 months, but less than 12 months |
| 4 | Core | • 43.75% or more but does not meet the percentage and duration requirements of BELI 1, 2, or 3 |
| 5 | Not eligible | • Less than 43.75%, (or appointment indicates student status, per them status, or are without paid salary) |

* Generally, there are two ways to qualify for UCRP membership:

- 1) appointed to work at least 50% time for a year or more;
- 2) worked 1,000 hours in a rolling 12-month period in a position eligible for UCRP membership.

An employee is not eligible for UCRP membership if he or she:

- is an active member of another UC-sponsored retirement system (such as CalPERS);
- is at the University primarily to obtain education or training;
- receives pay under a special compensation plan but receives no covered compensation (such as "By Agreement");
- is appointed in a per them classification which is specifically exempt from UCRP membership;
- is appointed as a Regents' Professor or Regents' Lecturer;
- is a visiting appointee hired August 1, 1989, or later;
- is appointed as a floater;
- is appointed in a position designated for students; or
- is appointed in a casual restricted appointment.

STATUS QUALIFIER CODE (SQC)

The SQC is used to prevent employees in qualified status situations from being reported as ineligible and, therefore, subject to disenrollment from certain benefits. Below are the allowable qualified status categories and their respective Status Qualifier Codes:

| | |
|----|-------------------------------------------------------------|
| 10 | Appointee with Ending Date for Funding Purposes Only |
| 20 | Average Appointment Percent Employee (Academic) |
| 30 | Extended Sick Leave Recipient |
| 40 | Stay at Work/Return to Work |
| 50 | Split Student/Non-Student Appointee Ineligible for Benefits |
| 60 | Seasonal Employee |
| 70 | Phased Retiree |
| 80 | "Grandfathered Employee" (not currently in use) |
| 90 | Sabbatical/Leave for Professional Renewal |

SQCs should be entered on this form when a qualifying condition exists and should be deleted when the condition no longer applies. **No action is required in the SQC section unless a qualifying condition exists.**

Primary and Secondary SQCs

If only one qualifying condition exists, enter the appropriate code in the Primary Qualifier Code box. If multiple qualified status categories apply to the employee, the one least likely to change should be coded as the Primary SQC and the one next least likely to change should be coded as the Secondary SQC.

Status Qualifier Date

A Status Qualifier Date must be entered for each SQC (i.e., Primary and Secondary) representing when the qualified status began.

Deleting the SQC and Status Qualifier Date

To delete a SQC when the qualifying condition no longer applies, enter an asterisk in the boxes on the form for the SQC being deleted and for the associated status qualifier date (either Primary SQC and Primary Qualifier Date or Secondary SQC and Secondary Qualifier Date or both). If there are Primary and Secondary codes and the Primary Code is deleted, the Secondary Code should be reentered as the Primary Code.