

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

ASSIGNMENT OR REASSIGNMENT

UPAY 726 (1/05) 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.

DEPARTMENT REMINDER: New employees should be given the New Hire Kit and *Your Group Insurance Plans* booklet. Enrollment may be completed online (<http://atyourservice.ucop.edu>).

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 before they may enroll in benefits.** A BELI effective date must be entered, representing when the BELI status began. If the BELI has changed, have the employee 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* or another UC-sponsored retirement plan
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 • 100% 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	No benefits	• Less than 43.75% (or appointment indicates student status, per diem status, or without paid salary)
P	Post Doctoral Scholar Benefits Plan (PSBP)	Post Doc employee, title code 3252 Post Doc fellow, title code 3253 Post Doc paid direct, title code 3254

BELI Continuing Requirements

Once an employee's initial eligibility is established, the only requirement to continue at that level of benefits is that the employee maintain 17.5 hours average regular paid time in a position eligible for health and welfare benefits.

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

- 1) appointed to work at least 50% time for a year or more in an eligible position;
- 2) worked 1,000 hours in a rolling 12-month period in a position eligible for UCRP membership.
- 3) Members of the Non-Senate Instructional Unit qualify for UCRP membership after working 750 hours in an eligible position within a 12-month period.

STATUS QUALIFIER CODE (SQC)

The SQC is used to prevent employees in qualified status situations from being reported as out of compliance on BELI Control Reports. Below are the allowable qualified status categories and their respective Status Qualifier Codes:

SQC Code	Qualified Status Category
10	Not currently in use
20	Average Appointment Percent Employee (Academic)
30	Extended Sick Leave Recipient
40	Stay at Work/Return to Work
50	Not currently in use
60	Seasonal Employee
70	Not currently in use
80	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 an SQC when the qualifying condition no longer applies, enter an asterisk in the appropriate box 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 re-entered as the Primary Code.

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Fill in all the pertinent information. Send this form to your Accounting or Benefits Office or the person handling benefits for your department.

EMPLOYEE INFORMATION

EMPLOYEE NAME (Last, First, Middle Initial)				ENTRY DATE			PERIOD OF INITIAL ELIGIBILITY DATE			
EMPLOYEE ID NUMBER			SOCIAL SECURITY NUMBER			CAMPUS/LAB		DEPARTMENT		

BELI CODE ACTION

INITIAL APPOINTMENT—BELI FOR NEW EMPLOYEE: Your BELI is being set to _____. This chart represents the health and welfare benefits associated with each benefits package. UC bases your ongoing eligibility on the number of regular hours you are paid by UC to work each week (Paid time excludes bonuses and overtime). To remain eligible for your benefit level, you must maintain an average regular paid time of at least 17.5 hours per week in an eligible appointment.

Health and Welfare Benefit Packages	Medical	Core Medical	Dental Vision	Legal	Basic Life	Core Life	Supplemental Life	Basic Dependent Life	Expanded Dependent Life	Short Term Disability	Supplemental Disability	AD&D DepCare HCRA TIP	Auto/Home/Renter
<input type="checkbox"/> Full Benefits BELI 1	yes*	yes*	yes	yes	yes		yes	yes	yes**	yes	yes	yes	yes
<input type="checkbox"/> Mid-level BELI 2,3	yes*	yes*		yes		yes	yes	yes	yes**			yes	yes
<input type="checkbox"/> Core BELI 4		yes		yes		yes						yes	
<input type="checkbox"/> No benefits BELI 5													
<input type="checkbox"/> Post Doctoral Scholar Benefits Plan BELI P	yes (PSBP only)		yes (PSBP only)		yes (PSBP only)					yes (PSBP only)	yes (PSBP only)		

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

** Must be enrolled in Supplemental Life.

CHANGE OF BELI FOR CONTINUING EMPLOYEE

Your average hours have dropped below 17.5 or a change in your employment status has occurred which impacts eligibility for benefits. The current BELI of _____ has been changed to _____.

CORRECTION OF ERRONEOUSLY ASSIGNED BELI: Your current BELI of _____ has been changed to _____.

EMPLOYEE ACKNOWLEDGMENT: Your signature indicates neither agreement nor disagreement with your BELI, but it does indicate that you have been advised of the assignment and that you understand the effect that may occur. Detailed information about this BELI change, including information about COBRA and conversion rights, if appropriate, is being provided to you. Further information is available from your Benefits Representative.

EMPLOYEE SIGNATURE	DATE
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BELI CODE ACTION AND EFFECTIVE DATE

Indicate BELI code and effective date in boxes provided	ASSIGNED BELI	BELI EFFECTIVE DATE		
		MO	DAY	YEAR

STATUS QUALIFIER CODE ACTION

Indicate qualifier code and date in boxes provided	QUALIFIER CODE	QUALIFIER DATE		
		MO	DAY	YEAR
PRIMARY QUALIFIER CODE		MO	DAY	YEAR
SECONDARY QUALIFIER CODE		MO	DAY	YEAR

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 —OFFICE OF RECORD
 CANARY —BENEFITS
 PINK —DEPARTMENT
 GOLDENROD —EMPLOYEE