

THE CALIFORNIA STATE UNIVERSITY
Office of the Chancellor
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Long Beach, California 90802-4210
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Date: August 5, 2002

Code: TECHNICAL LETTER
HR/Benefits 2002-09
Supplement #2

To: Associate Vice Presidents/Deans of Faculty
Human Resources Directors
Benefits Officers

From: Cathy Robinson, Senior Director
Human Resources Administration


Cordelia Ontiveros, Senior Director
Academic Human Resources

Subject: Benefits Update – Faculty (Unit 3) – Lecturer and Coach Benefits

We are pleased to inform you that the California State University (CSU) and the California Faculty Association (CFA – Unit 3) reached agreement to modify the eligibility criteria for benefits for part-time lecturers and coaches previously announced in HR/Benefits 2002-09.

Modified Language

Effective with the first appointment after the close of business on June 30, 2002, part-time lecturers and coaches in academic year (AY) classifications who are appointed for at least six (6) weighted teaching units (i.e., 0.4 time base) for at least one semester or two or more consecutive quarter terms, are newly eligible for medical insurance and other CSU benefit programs.

This change in eligibility allows eligible employees in designated AY classifications (as listed in HR/Benefits 2002-09) who are appointed from a 0.4 up to 1.0 time base for at least one semester or two or more consecutive quarters, and who certify they do not have alternate medical insurance, to enroll for coverage. The implementation will be in two phases as outlined in HR/Benefits 2002-09. Please note that the Flex Cash benefit is unavailable for these newly eligible employees this year. Flex Cash will become available to these employees during the second phase of implementation after June 30, 2003.

(Cont.)

Distribution: All Without Attachment

CSU Presidents
Vice Chancellor, Human Resources
Executive Vice Chancellor, CFO
Vice Presidents, Business/Administration

Business Managers
Budget Officers
Director, SOSS
Payroll Managers

These newly eligible employees will be identified as AB 211 employees for purposes of tracking enrollment eligibility. They must be identified on the Employment Database by entering a “2111” code in Item 962, HR Letter Authorization, in all active positions.

Enrollment Process for Vision, Life and Accidental Death and Dismemberment (AD&D), and Long-Term Disability Insurance

Attached is a CSU Miscellaneous Benefits Enrollment Authorization form for campuses to complete to enroll AB 211 lecturers and coaches in the CSU-paid vision plan, life and accidental death and dismemberment and long-term disability insurance plans. Completion of this one form will enroll the employee in all three plans. The form must be received in the State Controller’s Office by the normal benefits cut-off date in order for the benefits to be effective the beginning of the next pay period. The form may be downloaded and reproduced by the campus.

Because these employees are enrolled through a manual rather than the automated process, it is incumbent upon campuses to monitor the time base of these employees and manually delete them from these benefit programs if their time base falls below 0.4. The automated benefits will not enroll or cancel employees identified as AB 211 employees in Item 962.

Health and Dental Benefits

As a reminder, enrollment in health and dental benefits will be through the normal enrollment process and premium payments will be generated on a monthly basis.

“Grandfathered” Employees

Please note that campuses should pay careful attention to the reappointment of “grandfathered” employees who receive benefits under HR/Benefits 94-03 and Supplement #1. To be appointed through the “grandfather” process, an employee must be appointed for at least six (6) weighted teaching units (but less than 7 ½) for six months and one day. If the campus chooses to appoint a “grandfathered” employee for one semester or two consecutive quarters and the six months and one day length of appointment is unmet, the employee could be eligible for benefits through the AB 211 process; however, the employee would need to certify that he/she had no other medical coverage. If a campus appoints a previously “grandfathered” individual through the AB 211 process, Item 962 must be changed to “2111.”

Please note: An important distinction between the AB 211 and “grandfathered” programs is the vision premium for “grandfathered” employees is paid on an annual basis and for AB 211 employees, the premium is paid monthly.

General Information

The AB 211 employees being enrolled in our benefit programs should be treated as new employees for the purpose of benefit communications. They will need to receive the appropriate benefits brochures and certificates of coverage. Campuses will need to monitor supplies and contact the appropriate vendor for additional brochures, certificates, etc.

If you have any questions, please contact Cordelia Ontiveros in Academic Human Resources at (562) 951-4503 or by email at contiveros@calstate.edu or Pamela Chapin in Human Resources Administration at (562) 951-4414 or by email at pchapin@calstate.edu. This technical letter is also available on Human Resources Administration's web page at: <http://www.calstate.edu/HRAdm/memos.shtml>.

CR/CO/pc
Attachment



**The California State University
MISCELLANEOUS BENEFITS ENROLLMENT AUTHORIZATION FORM**

Instructions:

Completion of this form enrolls or deletes coverage for part-time Faculty and Coaches (qualified under AB 211 and CB Agreement) eligible for Vision, Life Insurance and Long-Term Disability benefits. Upon separation or loss of eligibility due to reduction below 0.4 timebase, deletion of coverage **MUST** be submitted immediately.

Please type or print clearly.

TO: STATE CONTROLLER – PPSD/PAYROLL SERVICES

(1) SOCIAL SECURITY		(2) NAME (FIRST) (MIDDLE) (LAST)			(3) POSITION NUMBER			
					AGENCY	UNIT	CLASS CODE	SERIAL
BENEFIT	(4) DED. CODE	(5) ORG. CODE	(6) CHANGE TYPE		(7) PAY PERIOD		(8) PARTY CODE	
			NEW	DELETE	MONTH	YEAR		
VISION	450	003					3	
LIFE INS.	250	021						
LTD	250	101						
REMARKS:								
PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION :								
FORM COMPLETED BY (PLEASE PRINT):					AUTHORIZED SIGNATURE:			
CAMPUS NAME					TELEPHONE NUMBER		DATE SIGNED	

Mail Completed Form To:

**State Controller's Office
PPSD/Miscellaneous Deductions Unit
P.O. Box 942850
Sacramento, CA 94250**