


The California State University
Office of the Chancellor
401 Golden Shore
Long Beach, California 90802-4210
(562) 951-4411

Date: September 22, 2004

Code: TECHNICAL LETTER
HR/Benefits 2004-20

To: Human Resources Directors
Benefit Officers

From: Cathy Robinson 
Assistant Vice Chancellor
Human Resources Administration

Subject: 2004/05, 2005/06 and 2006/07 Benefits Update – Union Of American Physicians and Dentists (UAPD – Unit 1)

The California State University (CSU) and the Union of American Physicians and Dentists (UAPD – Unit 1) have reached a new three-year agreement effective July 1, 2004 through June 30, 2007. Changes to the benefits and leave programs beginning fiscal year 2004/05 are outlined below:

Medical License Fees Reimbursement

The President shall determine what costs, if any, will be borne by the campus in connection with payment or reimbursement of medical license fees for Unit 1 employees.

Bereavement Leave

Upon request, an employee shall be granted five (5) days leave with pay for each death of a significantly close relative, spouse or domestic partner, as defined in the UAPD contract.

Rural Health Care Stipend – Fiscal Year 2004/05

Employees who meet all of the specified requirements during the January 2005 pay period shall be paid a one-time rural health care stipend for fiscal year 2004/05:

- (a) The employee must be eligible and enrolled in a CalPERS health insurance benefits plan and reside in a zip code contained in the list of “California’s Proposed Eligible Rural Subsidy Zip Codes by County effective January 1, 2005”; and
- (b) The employee must be enrolled in a non-Health Maintenance Organization (HMO) health plan.

The amount of the stipend is five hundred dollars (\$500) for each eligible full-time employee. This amount will be calculated on a pro-rata basis for part-time employees. Payment of the stipend will be made prior to April 1, 2005, and processing instructions will be provided in a future Salary Technical Letter.

Distribution:

CSU Presidents
Vice Chancellor, Human Resources
Vice Presidents, Administration
Budget Officers

Director, SOSS
Payroll Managers
Employee Relations Designees
State Controller’s Office

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance – Fiscal Year 2004/05

Effective November 1, 2004, the CSU has agreed to provide Basic Life and Accidental Death and Dismemberment (AD&D) insurance for eligible Unit 1 employees and pay the full cost of the premium to the current life insurance provider, The Standard Insurance Company. This benefit will automatically terminate at the end of the 2004/05 Fiscal Year unless the CSU and UAPD mutually agree to extend the benefit.

An updated electronic version of the certificate of coverage will be provided to campuses in the near future.

Please note the following:

- **Deduction code issued by the State Controllers' Office (SCO): 250-028**
- **Monthly Premium Rate: \$4.98**
- **Unit 1 CSU-Paid Life Insurance - Policy Class: Class 9**
- **Amount of Coverage: \$25,000**

➤ **Basic Life and AD&D Processing Instructions**

Campus Benefits Representatives must process enrollment during the October pay period for all eligible Unit 1 employees with an effective date of November 1, 2004. Enrollment should include employees currently appointed in a Unit 1 position, on pay status, who meet the eligibility criteria for life insurance (refer to **HR/Benefits 2004-09**). Please note: employees on non-pay status during the October pay period (i.e., Non-Industrial Disability (NDI), leave of absence without pay) can only be enrolled once they return to pay status. Additionally, an employee cannot be enrolled in life insurance any earlier than the actual appointment date. Therefore, Unit 1 employees appointed on or after November 1, 2004, should be enrolled in life insurance effective with the November pay period, or the pay period in which the appointment occurs.

For campuses that use the Automated Benefits System (ABS)/Interface, enrollments will be processed via FTP transmittal to the State Controller's Office (SCO). For more information, please refer to the **ABS Process and Procedures Guide**.

To assist campuses who use PeopleSoft Base Benefits, a future update will be posted on the CMS website for downloading purposes. The link to the CMS website appears below: **http://cms.calstate.edu/T2_Mreleases.asp**.

Non-PeopleSoft campuses not currently using the ABS/Interface also may submit life insurance enrollment requests to the State Controller's Office (SCO) on the "fill and print" Miscellaneous Deductions Form. This form has been updated to reflect the newly assigned deduction code. For processing purposes, Benefits Representatives must select the appropriate fields and complete the "remarks" section of the form (see attached sample).

Questions regarding this technical letter may be directed to Human Resources Administration at (562) 951-4411. This technical letter is also available on the Human Resources Administration's Web site at **<http://www.calstate.edu/HRAdm/memos.shtml>**.

CR/mh

Attachment



The California State University

MISCELLANEOUS BENEFITS ENROLLMENT AUTHORIZATION FORM

Instructions:

Completion of this form enrolls or deletes coverage for employees under normal enrollment (at least half time for 6 months and 1 day) and 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 of time base below 0.5 (for normal enrollments) or 0.4 (for AB 211 enrollments), deletion of coverage MUST be submitted immediately.

If the employee is ineligible for a particular benefit, place horizontal lines through the DED. CODE (Section 4) and ORG. CODE (Section 5). The effective date of enrollment is the pay period the employee is hired or becomes eligible (Section 7).

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						3
LIFE INS.	250						
LTD	250						
Remarks:							
(9) PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION:							
FORM COMPLETED BY (PLEASE PRINT):				AUTHORIZED SIGNATURE:			
CAMPUS NAME		TELEPHONE NUMBER			DATE SIGNED		
ENROLLEE CBID:							

Mail Completed Form To:

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