THE CALIFORNIA STATE UNIVERSITY
Office of the Chancellor
401 Golden Shore
Long Beach, California 90802-4210
(562) 951-4411

Date: May 20, 2002
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)

The California State University (CSU) and the California Faculty Association (CFA), Unit 3, reached agreement on a three-year memorandum of understanding (MOU) for fiscal years (FY) 2001/02, 2002/03 and 2003/04. Benefit program changes are highlighted below.

Medical Benefits for Specified Part-Time Lecturers and Coaches
As a result of Assembly Bill (AB) 211, the CSU and the CFA bargained to expand medical benefits eligibility to part-time lecturers and coaches. As a result of negotiations, lecturers or coaches in academic year classifications who are appointed for at least 6 weighted teaching units (i.e., 0.4 time base), but less than 7.5 weighted teaching units (0.5 time base) for either one semester or two or more consecutive quarter terms, are newly eligible for medical insurance. Eligible lecturers and coaches who meet the criteria outlined in this technical letter may enroll in a medical plan effective with the first appointment after the close of business on June 30, 2002.

Implementation will be in two phases. The medical eligibility enrollment criteria is as follows:

Distribution: All without Attachment

CSU Presidents
Vice Chancellor, Human Resources
Vice Chancellor, Business and Finance
Vice Presidents, Business/ Administration
Business Managers
Budget Officers
Director, SOSS
Payroll Managers
Phase I:
Employees who do not have alternate medical insurance will be eligible to enroll for coverage, which shall be effective with the first eligible appointment after the close of business on June 30, 2002. Employees will be required to certify in writing that they meet this condition as part of the enrollment process. A sample certification is attached.

Phase II:
All other employees eligible for CSU medical insurance as bargained will be eligible to enroll for medical coverage, which shall be effective with the first appointment after the close of business on June 30, 2003.

Enrollment and continuing eligibility shall be in accordance with provision 32.2 a through g of the CSU-CFA agreement. CalPERS has confirmed that campuses may utilize the normal medical enrollment process.

Other Benefits:
Employees eligible to enroll in medical benefits (effective the first appointment after the close of business on June 30, 2002), may also enroll in dental, vision, employer-paid life insurance and long-term disability (LTD) insurance plans. Enrollment eligibility is subject to the same terms noted above. Please use the normal process for dental enrollment. Campuses will be notified at a later date of the enrollment process for vision, life insurance and LTD insurance plans.

Eligible Classifications:
The following AY classifications fall under the terms of this legislation:

<table>
<thead>
<tr>
<th>Class Code</th>
<th>Class Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>0357</td>
<td>CMA Lecturer – Cruise AY</td>
</tr>
<tr>
<td>0360</td>
<td>Maritime Vocational Lecturer IV – Cruise AY</td>
</tr>
<tr>
<td>0361</td>
<td>Maritime Vocational Lecturer IV – Noncruise AY</td>
</tr>
<tr>
<td>0364</td>
<td>Maritime Vocational Lecturer – Cruise AY</td>
</tr>
<tr>
<td>0365</td>
<td>Maritime Vocational Lecturer – Noncruise AY</td>
</tr>
<tr>
<td>0557</td>
<td>CMA Lecturer – 2nd Cruise AY</td>
</tr>
<tr>
<td>0560</td>
<td>Maritime Vocational Lecturer IV – 2nd Cruise AY</td>
</tr>
<tr>
<td>0564</td>
<td>Maritime Vocational Lecturer – 2nd Cruise AY</td>
</tr>
<tr>
<td>2308</td>
<td>Lecturer, Statewide Nursing Program AY</td>
</tr>
<tr>
<td>2331</td>
<td>Lecturer AY (restricted to Stanislaus)</td>
</tr>
<tr>
<td>2332</td>
<td>Head Coach AY (restricted to Stanislaus)</td>
</tr>
<tr>
<td>2333</td>
<td>Coach AY (restricted to Stanislaus)</td>
</tr>
<tr>
<td>2334</td>
<td>Coaching Specialist AY (restricted to Stanislaus)</td>
</tr>
<tr>
<td>2335</td>
<td>Coaching Assistant AY (restricted to Stanislaus)</td>
</tr>
<tr>
<td>2358</td>
<td>Lecturer AY</td>
</tr>
<tr>
<td>2375</td>
<td>Head Coach AY</td>
</tr>
<tr>
<td>2378</td>
<td>Coach AY</td>
</tr>
<tr>
<td>2381</td>
<td>Coaching Specialist AY</td>
</tr>
<tr>
<td>2384</td>
<td>Coaching Assistant AY</td>
</tr>
</tbody>
</table>
Special Note:
CalPERS no longer audits the medical eligibility of 0.5 timebase and length of service requirement of six months and one day. As a result, campuses are responsible for determining the benefits eligibility for this new group of faculty enrollees, in addition to those employees enrolled under the normal eligibility of 0.5 timebase and minimum six months and one day length of service appointments.

Paid Maternity/Paternity Leave
The paid Maternity/Paternity leave has been increased for unit 3 employees. Bargaining unit employees shall be entitled to a maximum of thirty (30) days of such paid leave, which shall commence within sixty (60) days of the arrival of a new child. The effective date of this change is May 14, 2002, the day the agreement was ratified by the Board of Trustees.

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.

Attachment

CR/CO/pc
Sample
AB 211 Health Benefits Certification Form

This is to certify that I, ____________________________, am not currently enrolled in a health benefits plan with individual or dependent coverage and wish to enroll in health benefits under the provisions of AB 211 as negotiated between the CSU and CFA.

__________________________________________    ______________________________
Signature                                      Date

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Benefit Office Verification

Employee Name______________________________________________________________

Employee classification:____________________________________________________

CBID: Faculty______________________________________________________________

Timebase:_______________________________________________________________

Length of appointment:____________________________________________________

Eligible____________                       Ineligible_______________________

__________________________________________________               ______________
Benefit Officer signature             Date