

# UCB Visiting Academic Injury and Sickness Insurance Plan

## Enrollment/Payment Instructions

Please follow the instructions below to properly complete your Enrollment Form. Your enrollment in the plan is not complete until 1) your eligibility for the plan is confirmed by campus personnel and 2) we receive the payment for your first quarter of enrollment.

All sections of the form marked with a ♦ are required. You will not be able to submit and print your form until these areas are complete.

### **Section 1: Personal Information**

Please provide all requested information. For your **date of birth**, please enter the date as mm/dd/yyyy. For example, if your date of birth is February 26<sup>th</sup>, 1975, please enter the date as 02/26/1975.

Your **CalNet ID number** is required. Please make sure you enter this number accurately as it will be used to confirm your enrollment in the plan with various campus offices.

If you are an international Visiting Academic, please choose the appropriate Visa Status from the drop-down menu: **J-1, B-1, B-2, WB/WT, F-1, Canadian Citizen, or Other**.

It is important that we have your contact information. Please provide as many numbers as possible, as your **home phone, U.S. cell phone and campus phone, if available**. Your e-mail address is required, so we may send you a confirmation of your enrollment as well as quarterly invoices for your subsequent quarterly enrollment.

If you are an international Visiting Academic, please provide the **Date of Arrival in the United States (I-94 date)**, as mm/dd/yyyy similar to the date of birth entry mentioned above.

Your **appointment start date (DS-2019)** is the date that your official visit to campus begins. This date is used to calculate your 31-day eligibility to enroll in this program.

The **Insurance Start Date is the date you wish the benefits to begin**. This may be the same date as your **Date of Arrival in the United States**, or your **Appointment Start Date**. **Please note that billing begins with the insurance start date and your quarterly premium is calculated based on that date.**

Please provide us an **Estimated Appointment End Date**. This will assist us in our billing procedure.

For **Visiting Academic Status**, please choose one of the categories from the drop-down menu: **Visiting Scholar, Visiting Student Researcher or Other**.

## **Section 2: Sponsoring Department Information**

Please provide all of the requested information regarding your department name, the department contact name and their contact information.

## **Section 3: Please click 'Yes' if you are enrolling in the UCB Visiting Academic Scholar Injury and Sickness Insurance Plan.**

## **Section 4: Please select 'No' I wish to waive this coverage (declining coverage) if you do not want to enroll in this plan and have other coverage:**

As of December 1<sup>st</sup>, 2010, you may only waive coverage if you have other insurance which meets what is considered 'comparable coverage' to the insurance offered through this program. If you are an international Visiting Academic with your own coverage, that coverage must also meet these standards that meet or exceed the J-1 Visa requirements, as well as provide this same coverage to your eligible dependents. The minimum levels of coverage that must be offered through your own insurance are:

- **\$100,000 per accident/illness in medical coverage**
- **An annual deductible of no more than \$250**
- **Coinsurance that does not exceed 25%**

If your insurance meets these requirements, you may waive (decline coverage) for this plan. **If you are enrolling after December 1<sup>st</sup>, 2010, you must provide proof of comparable coverage, as a copy of your insurance ID card, concurrent with completion of the enrollment/waive form.** You may either scan/e-mail your document to [UCBVABP@garnett-powers.com](mailto:UCBVABP@garnett-powers.com) or fax it to 949-583-2929, attention UCB-VABP Services. If you waive coverage for yourself and/or your eligible dependents, you will not be eligible for coverage until Plan Year 2011, unless you experience a qualifying event, such as marriage, birth or adoption of a child, or a loss of other coverage.

## **Section 5: Eligible Family Members to be covered**

Check 'Enroll' by 'Self' to ensure that your individual enrollment is captured. Then, click 'Enroll' by each family member you are enrolling. **You must click this field or the enrollment will not be captured, and the correct premium will not be calculated.**

Please provide the first and last name, gender, Social Security Number, student status\* and whether someone in your family is currently disabled. In order to calculate your premium, please click on the 'Calculate Premium' button which will show you your current quarter payment, as well as subsequent quarterly premiums owed.

## **Section 6: Participating Terms and Conditions**

Please read all of the information in this section and click on 'Yes' that you agree to the Terms and Conditions. If you do not click 'Yes', you will not be able to submit and print your form.

## **Section 7: Payment and Submission Instructions:**

### **1. If you choose to pay by mailing in a check:**

Please click '*I wish to pay by mailing a check*', then click on '*Submit Enrollment Form*'. When you submit your form, you will be able to print the document. Once you print the document, please cut off the Payment Voucher and remit the dollar amount shown. Please make your check or money order payable to **Garnett-Powers & Associates, Inc.** Please remit your check to: **Garnett-Powers & Associates, Inc. UCB-VABP Services, 23361 Madero Suite 240, Mission Viejo, CA 92691.**

### **2. If you choose to pay online with a debit card or credit card:**

Please click '*I wish to pay online by credit card*', then click on '*Submit Enrollment Form*'. You will be taken to a payment page where you will enter your credit card information. A link will be provided to allow you to print a copy of your enrollment form as your confirmation of completing the enrollment process.

Quarterly premiums are calculated based on 1) the timing of your enrollment in the current quarter, and 2) the level of your enrollment. The timing of your enrollment is indicated by your **Insurance Start Date** in Section 1. **The quarters are: December – February, March – May, June – August and September - November.** For instance, if your Appointment Start Date is October 5th, you will be charged for two months premium, October and November, since you are charged a full month's premium for those two months. If your start date is September 25<sup>th</sup>, you will be charged a whole quarter, meaning, September, October and November. The level of your enrollment is indicated by **whom you have listed in Section 5** that you are enrolling.

**If you are paying by check, please remit your check to us prior to receiving your e-mail confirmation in order to ensure timely enrollment into the plan.**

After the initial quarter, you will receive an electronic invoice from the Garnett-Powers & Associates', Inc. Billing Department for subsequent quarterly billing. If you continue to pay by debit card or credit card, a link will be provided for you to submit your payment. If you are paying by check, you will simply mail that in with a copy of the invoice.

If you need assistance, please contact us at: [ucsbvasisp@garnett-powers.com](mailto:ucsbvasisp@garnett-powers.com) or 1-888-441-3719.

\* Your children between the ages of 19 – 23 are eligible for this plan as a dependent if they are full time students. If they are not full time students, they are not eligible for this plan.