

BX/BR Child Dependent Health Premium Benefit Program

The University of California's Graduate Student Researchers (GSRs or BR) and Academic Student Employees (ASEs or BX) represented by the United Auto Workers (UAW) are eligible for a reimbursement for their child dependent(s) medical insurance premiums through a program referenced in the BX and BR collective bargaining agreements and a recent settlement agreement between the UC and the UAW.

Program Overview

GSRs and ASEs employed in a qualifying appointment(s) are eligible to receive 100% premium reimbursement for child dependents enrolled in UCSHIP if the GSR/ASE's income exceeds the designated Medi-Cal eligibility threshold as specified in the collective bargaining agreements.

If the GSR/ASE has a spouse, and the combination of their income places the GSR/ASE's family over the designated Medi-Cal eligibility threshold then the GSR/ASE is not eligible for reimbursement of the child dependent premium.

The benefits described in this document follow the parties' collective bargaining agreements (CBAs) and a recent settlement agreement.

Eligibility

For this program, eligibility is as follows:

1. The GSR/ASE is eligible to receive a reimbursement of the child dependent(s) medical insurance premium.
2. Under the CBAs through a GSR/ASE appointment or through a combination of GSR and ASE appointments. In cases where a student holds more than one eligible appointment, the request should be processed through the department where the higher appointment percentage exists.
3. The GSR/ASE is a registered graduate student with GSR/ASE appointment(s) totaling 25% or more of full-time for a given term in a State-supported or Self-Supporting Program.
4. The GSR/ASE's income exceeds the designated Medi-Cal eligibility threshold.
 - a. If the GSR/ASE has a spouse, and the combination of their income places the GSR/ASE's family over the designated Medi-Cal eligibility threshold then the GSR/ASE is not eligible for reimbursement.
 - b. Information about Medi-Cal eligibility can be found here:
<https://www.dhcs.ca.gov/services/medi-cal/Pages/DoYouQualifyForMedi-Cal.aspx>
5. The GSR/ASE [enrolls](#) eligible child dependents in UCSHIP. Eligible child dependents are defined by UCSHIP plan regulations.

Process for Reimbursement

1) For the ASE/GSR:

During the quarter of eligibility, the GSR/ASE will complete the **Child Dependent Health Insurance Attestation Form** and submit to the Hiring Department's Personnel Officer along with proof of UC SHIP enrollment for their child dependent(s).

Reimbursement requests must be submitted after the expenses are incurred. Reimbursement requests should be submitted to the Hiring Department no later than the last day of the following quarter. For those GSR/ASEs who incurred the cost of the premium during the period of January 1, 2023 until January 29, 2024, and have not received a reimbursement, must submit the attestation form and proof of UC SHIP enrollment for their child dependent(s) by February 28, 2024.

NOTE: Dependent enrollment or re-enrollment in the UC SHIP plan is not automatic. Eligible dependents must be re-enrolled in each subsequent quarter in order to continue coverage under the dependent plan. A new **Child Dependent Health Insurance Attestation Form** must be submitted to request reimbursement for each quarter of eligibility.

2) For the Hiring Department

Once a reimbursement request is received, the Hiring Department's Personnel Officer will certify that the form is complete, that the employee has/ had an appropriate appointment, and that the proof of child dependent enrollment is attached.

The Hiring Department will initiate a One-Time Payment request in UCPath with the **earnings code: NTF – Non-Taxable Fringe**.

The reimbursement will be paid out in the way that the employee normally receives pay, i.e. by check or electronic deposit. If the reimbursement is processed after the employee no longer has an active appointment, a paper check will be issued to the last known address in UCPath. Employees are solely responsible for updating their personal information, including the mailing address, in UCPath via Employee Actions.

NOTE: The ASE/GSR appointment must be active in UCPath to process the One-Time Payment Request. If the Hiring Department is submitting the request under a different position in UCPath, please make sure to specify the eligible appointment title, FTE%, and quarter of appointment in the initiator's comments section on the On-Time Payment request. Please contact AP-Path@ucsb.edu if the qualifying employee does not have an active appointment in UCPath at the time of the request.

Child Dependent Health Insurance Attestation Form

If you are an Academic Student Employee (ASE) or Graduate Student Researcher (GSR) represented by the United Auto Workers (UAW), use this form to request remission/reimbursement for your child dependent's health insurance premium pursuant to the Health Benefits article of the ASE (Article 14) and GSR (Article 13) collective bargaining agreements, UCSHIP regulations, and the procedures established at your location.

Once completed, please return the completed Form and any other required documents to your department administrator or designated campus office. Procedure details are included in the document above..

Only one Form is needed per quarter/semester, however, you will need to submit a new Form for each quarter/semester in which you are requesting remission/reimbursement.

Employee Information

First and Last Name:

Employee ID:

Email Address:

Appointment Information - Please complete all fields below for each applicable appointment during the quarter/semester in which you are enrolling a qualifying dependent.

Appointment 1:

Quarter/Semester:

Job Title:

Percentage FTE:

Begin Date of Appointment:

End Date of Appointment:

Department:

Appointment 2 (if applicable):

Quarter/Semester:

Job Title:

Percentage FTE:

Begin Date of Appointment:

End Date of Appointment:

Department:

Attestation of Eligibility

Please select all of the following that apply for you during the quarter/semester in which you are enrolling child dependents in UCSHIP.

- I am an Academic Student Employee (ASE) and/or a Graduate Student Researcher (GSR) who is eligible to receive a health insurance premium remission as defined under the ASE and/or GSR collective bargaining agreements.
- I have a child dependent(s), as defined by UCSHIP plan regulations. Regulations are outlined at <https://myucship.org/>.
- I will provide a receipt of the payment for enrollment for my child dependent(s) in UCSHIP to my department administrator or designated campus office within ten (10) days of enrollment or as specified in local procedures.
- My income exceeds the Medi-Cal eligibility threshold for my family size. Information about Medi-Cal eligibility can be found here: <https://www.dhcs.ca.gov/services/medi-cal/Pages/DoYouQualifyForMedi-Cal.aspx>

If you have a spouse, please check the following section:

- I have a spouse and the combination of our income does not place our family over the Medi-Cal eligibility threshold for our family size. Information about Medi-Cal eligibility can be found here: <https://www.dhcs.ca.gov/services/medi-cal/Pages/DoYouQualifyForMedi-Cal.aspx>
- I certify that the information provided above is a true and accurate reflection of my eligibility status for the quarter/semester in which I am seeking a child dependent insurance premium payment.
- I have completed and executed this form to the best of my knowledge and I have carefully reviewed UCSHIP plan regulations to verify the eligibility of the child dependent(s) and the Medi-Cal eligibility thresholds from the California Department of Health Care Services to verify my eligibility.
- I understand that if I do not enroll a dependent on the UCSHIP plan after submitting this Form, or if I try to enroll but am not eligible for enrollment in UCSHIP, and a dependent premium remission/reimbursement payment has been made to me, I shall reimburse the University for the remission/reimbursement payment.
- I understand that falsifying information on this Form regarding my eligibility for the dependent remission/reimbursement may be subject to discipline, up to and including dismissal.

First and Last Name:

Date:

Signature: