This form should be completed by an employee's department when there is an initial assignment or reassignment of either a Benefits Eligibility Level Indicator (BELI) or Status Qualifier Code (SQC). Reassignment of a BELI or SQC may be required because of changes in the employee's conditions of employment.

DEPARTMENT REMINDER: New employees should be given the New Hire Kit and Your Group Insurance Plans booklet. Enrollment may be completed online (http://atyourservice.ucop.edu).

BELI CODE
The BELI code indicates an employee's eligibility for health and welfare benefits and controls access to the plans. All employees must have a BELI assigned to them before they may enroll in benefits. A BELI effective date must be entered, representing when the BELI status began. If the BELI has changed, have the employee sign this form and provide a copy of this form for their records.

<table>
<thead>
<tr>
<th>BELI CODE</th>
<th>Benefits Package</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Full Benefits</td>
<td>• Member of UCRP* or another UC-sponsored retirement plan</td>
<td></td>
</tr>
<tr>
<td>2 Mid-level</td>
<td>• 50% or more for 12 months or more in a class not eligible for UCRP membership (e.g., visiting titles)</td>
<td></td>
</tr>
<tr>
<td>3 Mid-level</td>
<td>• Not a member of UCRP • 100% time for at least 3 months, but less than 12 months</td>
<td></td>
</tr>
<tr>
<td>4 Core</td>
<td>• 43.75% or more but does not meet the percentage and duration requirements of BELI 1, 2, or 3</td>
<td></td>
</tr>
<tr>
<td>5 No benefits</td>
<td>• Less than 43.75% (or appointment indicates student status, per diem status, or without paid salary)</td>
<td></td>
</tr>
<tr>
<td>P Post Doctoral Scholar Benefits Plan (PSBP)</td>
<td>Post Doc employee, title code 3252 Post Doc fellow, title code 3253 Post Doc paid direct, title code 3254</td>
<td></td>
</tr>
</tbody>
</table>

BELI Continuing Requirements
Once an employee's initial eligibility is established, the only requirement to continue at that level of benefits is that the employee maintain 17.5 hours average regular paid time in a position eligible for health and welfare benefits.

*Generally, there are three ways to qualify for UCRP membership:
1) appointed to work at least 50% time for a year or more in an eligible position;
2) worked 1,000 hours in a rolling 12-month period in a position eligible for UCRP membership.
3) Members of the Non-Senate Instructional Unit qualify for UCRP membership after working 750 hours in an eligible position within a 12-month period.

STATUS QUALIFIER CODE (SQC)
The SQC is used to prevent employees in qualified status situations from being reported as out of compliance on BELI Control Reports. Below are the allowable qualified status categories and their respective Status Qualifier Codes:

<table>
<thead>
<tr>
<th>SQC Code</th>
<th>Qualified Status Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Not currently in use</td>
</tr>
<tr>
<td>20</td>
<td>Average Appointment Percent Employee (Academic)</td>
</tr>
<tr>
<td>25</td>
<td>Academic Student Employee Graduate Student Researcher</td>
</tr>
<tr>
<td>30</td>
<td>Extended Sick Leave Recipient</td>
</tr>
<tr>
<td>40</td>
<td>Stay at Work/Return to Work</td>
</tr>
<tr>
<td>50</td>
<td>Not currently in use</td>
</tr>
<tr>
<td>60</td>
<td>Seasonal Employee</td>
</tr>
<tr>
<td>70</td>
<td>Not currently in use</td>
</tr>
<tr>
<td>80</td>
<td>Not currently in use</td>
</tr>
<tr>
<td>90</td>
<td>Sabbatical/Leave for Professional Renewal</td>
</tr>
</tbody>
</table>

SQCs should be entered on this form when a qualifying condition exists and should be deleted when the condition no longer applies. No action is required in the SQC section unless a qualifying condition exists.

Primary and Secondary SQCs
If only one qualifying condition exists, enter the appropriate code in the Primary Qualifier Code box. If multiple qualified status categories apply to the employee, the one least likely to change should be coded as the Primary SQC and the one next least likely to change should be coded as the Secondary SQC.

Status Qualifier Date
A Status Qualifier Date must be entered for each SQC (i.e., Primary and Secondary) representing when the qualified status began.

Deleting the SQC and Status Qualifier Date
To delete an SQC when the qualifying condition no longer applies, enter an asterisk in the appropriate box on the form for the SQC being deleted and for the associated status qualifier date (either Primary SQC and Primary Qualifier Date or Secondary SQC and Secondary Qualifier Date or both). If there are Primary and Secondary Codes and the Primary Code is deleted, the Secondary Code should be re-entered as the Primary Code.
BENEFITS ELIGIBILITY LEVEL INDICATOR (BELI) AND STATUS QUALIFIER CODE (SQC)
ASSIGNMENT OR REASSIGNMENT
UPAY 726 (10/08) University of California Human Resources and Benefits

EMPLOYEE INFORMATION
EMPLOYEE NAME (Last, First, Middle Initial) ENTRY DATE PERIOD OF INITIAL ELIGIBILITY DATE

EMPLOYEE ID NUMBER SOCIAL SECURITY NUMBER CAMPUS/LAB DEPARTMENT

BELI CODE ACTION

☐ INITIAL APPOINTMENT—BELI FOR NEW EMPLOYEE: Your BELI is being set to _____________. This chart represents the health and welfare benefits associated with each benefits package. UC bases your ongoing eligibility on the number of regular hours you are paid by UC to work each week (Paid time excludes bonuses and overtime). To remain eligible for your benefit level, you must maintain an average regular paid time of at least 17.5 hours per week in an eligible appointment.

White—Office of Record
Canary—Benefits
Pink—Department
Goldenrod—Employee

BELI CODE ACTION AND EFFECTIVE DATE
Indicate BELI code and effective date in boxes provided

ASSIGNED BELI
BELI EFFECTIVE DATE
MO DAY YEAR

STATUS QUALIFIER CODE ACTION
Indicate qualifier code and date in boxes provided

QUALIFIER CODE QUALIFIER DATE
MO DAY YEAR

REQUIRED SIGNATURES
COMPLETED BY PHONE DATE
DEPARTMENT APPROVAL PHONE DATE

Health and Welfare Benefit Packages
Medical Core Medical Dental Vision Legal Basic Life Core Life Supplemental Life Basic Dependent Life Expanded Dependent Life Short Term Disability Supplemental Disability AD&D Health FSA TIP Auto/ Home/ Renter DepCare FSA

- Full Benefits BELI 1
- Mid-level BELI 2,3
- Core BELI 4
- No benefits BELI 5
- ASE/GSR BELI 5
- Post Doctoral Scholar Benefits Plan BELI P

* May not be enrolled in medical and Core medical plans concurrently.
** Must be enrolled in Supplemental Life.

CHANGE OF BELI FOR CONTINUING EMPLOYEE
Your average hours have dropped below 17.5 or a change in your employment status has occurred which impacts eligibility for benefits. The current BELI of ___________________ has been changed to ___________________.

CORRECTION OF ERRONEOUSLY ASSIGNED BELI: Your current BELI of ______ has been changed to ______ .

EMPLOYEE ACKNOWLEDGMENT: Your signature indicates neither agreement nor disagreement with your BELI, but it does indicate that you have been advised of the assignment and that you understand the effect that may occur. Detailed information about this BELI change, including information about COBRA and conversion rights, if appropriate, is being provided to you. Further information is available from your Benefits Representative.

EMPLOYEE SIGNATURE DATE

RETN: Accounting: 5 years following separation except retain in cases involving disability retirement or disciplinary action until age 70. Other copies: 0–5 years after separation.