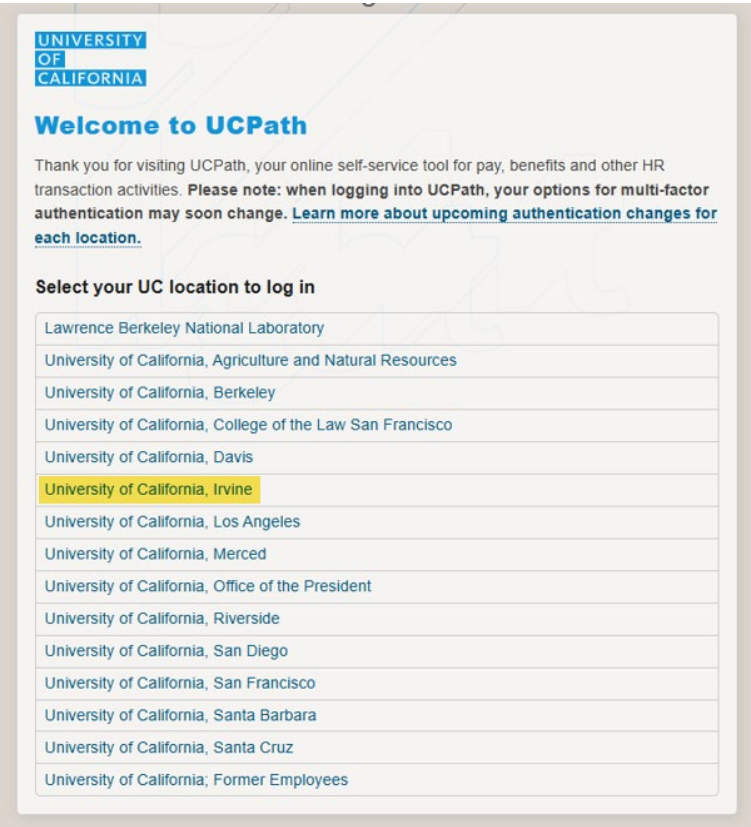
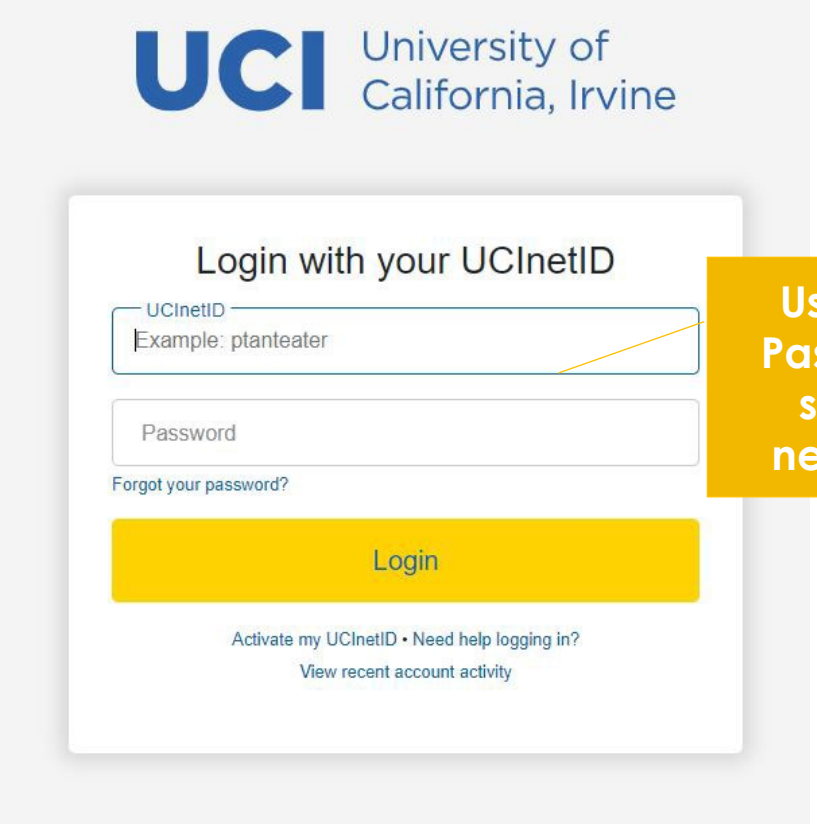
UCPath
Enrollment Process

How to Enroll in Benefits on UCPath

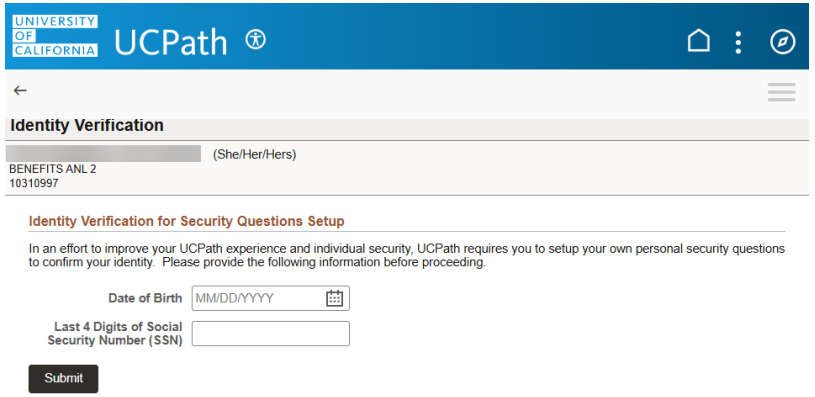
You can access the UCPath portal by going to https://ucpath.universityofcalifornia.edu/.

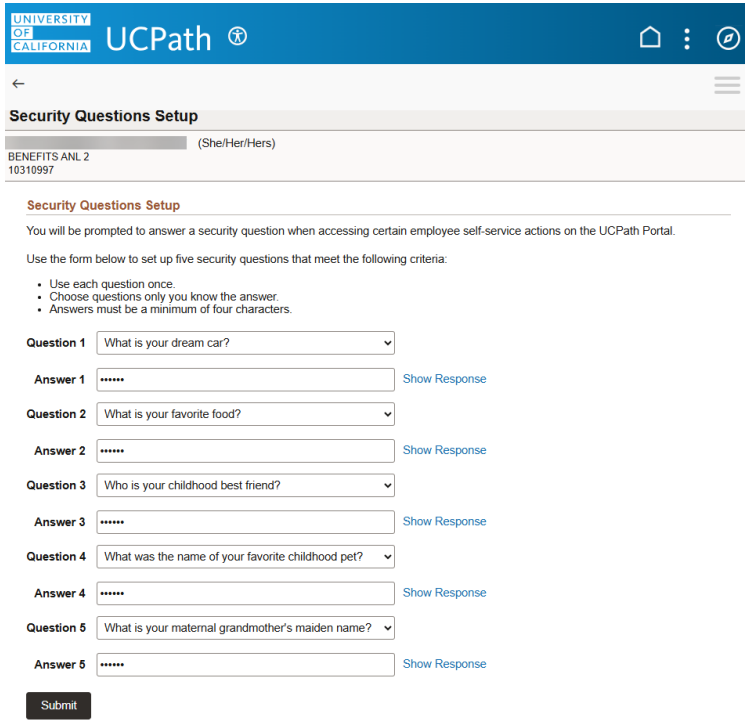




User name and Password are the same as your network sign-on

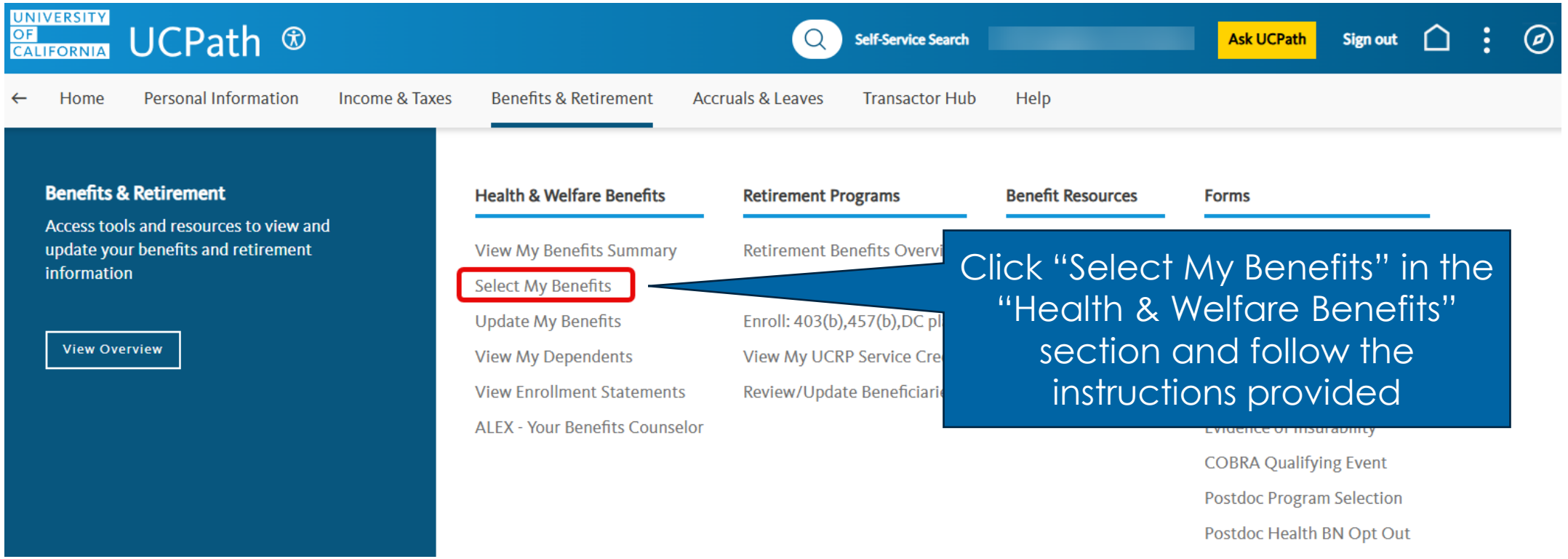
Security Verification



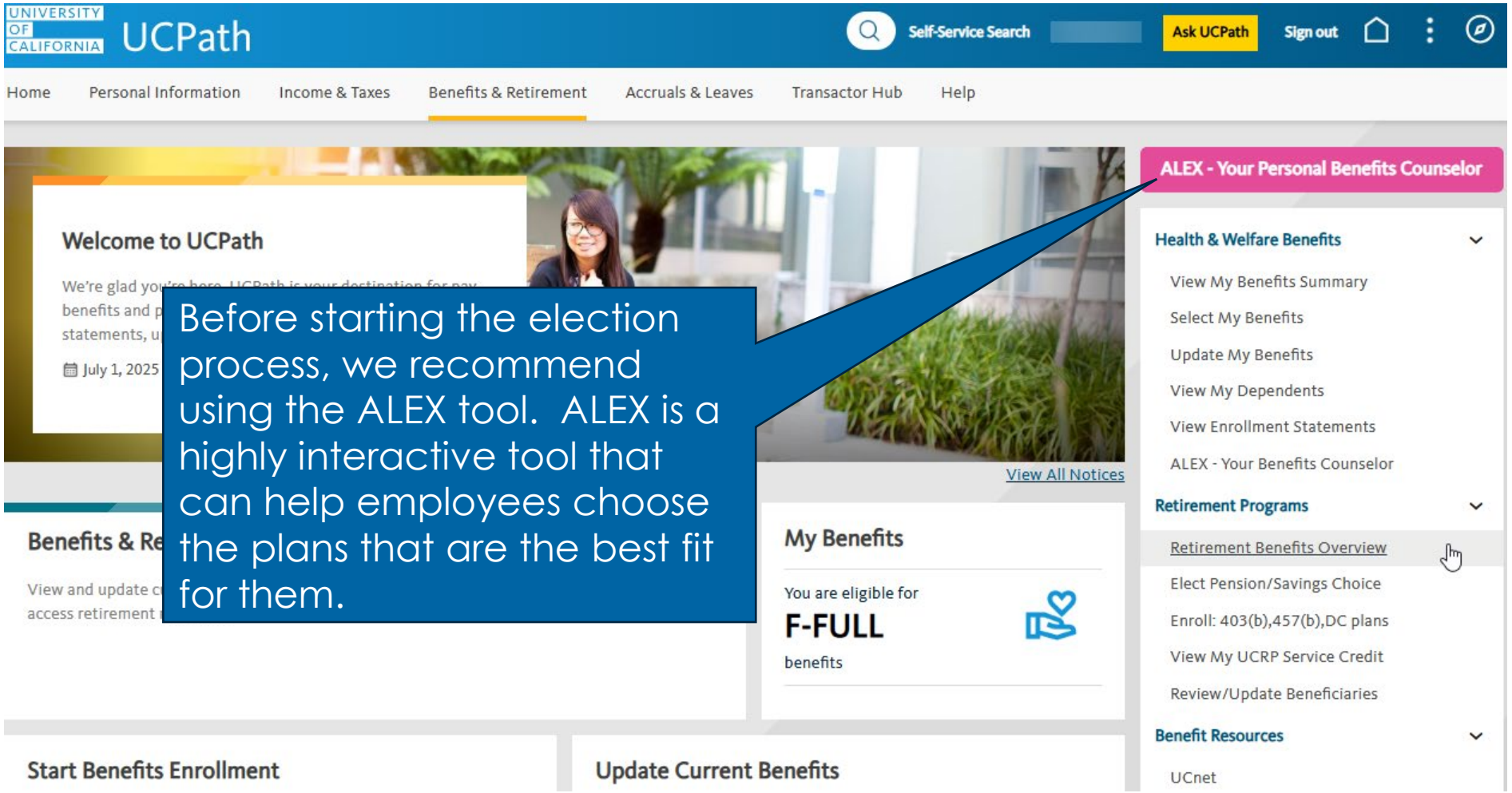


You'll need to set up your security questions, if you have not already done so.

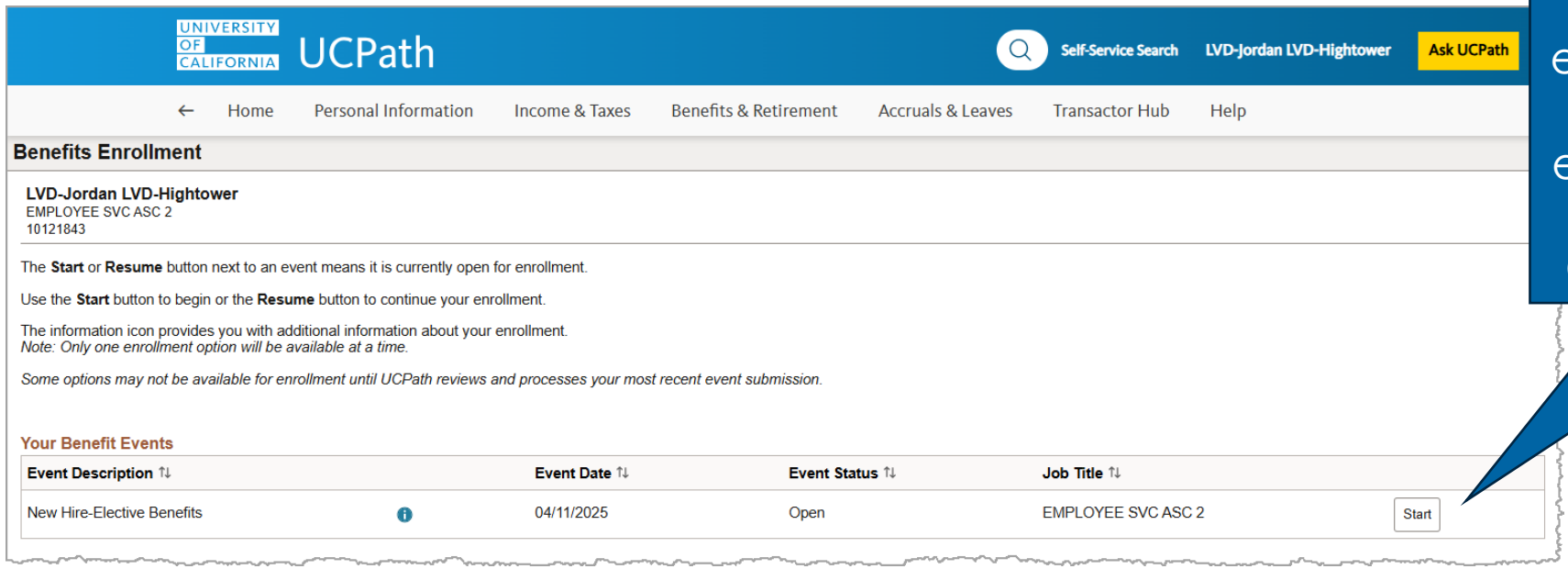
UCPath Portal



Self Service Enrollment - Visit Alex

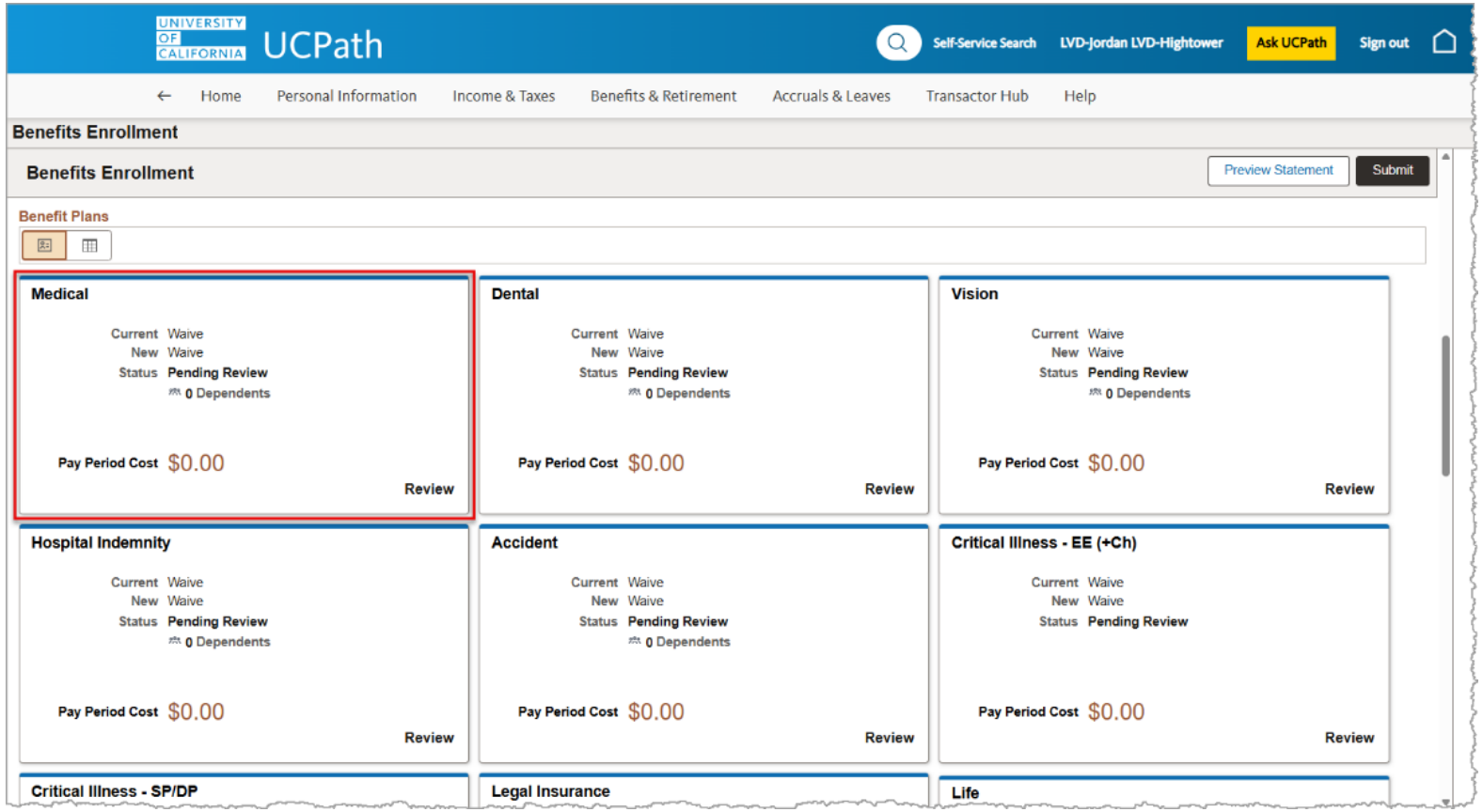


Start the Election Process



The Open Benefit Events section displays events for which you are eligible, such as the New Hire-Elective Benefits event that is Open in this example.
Click the "start" button.

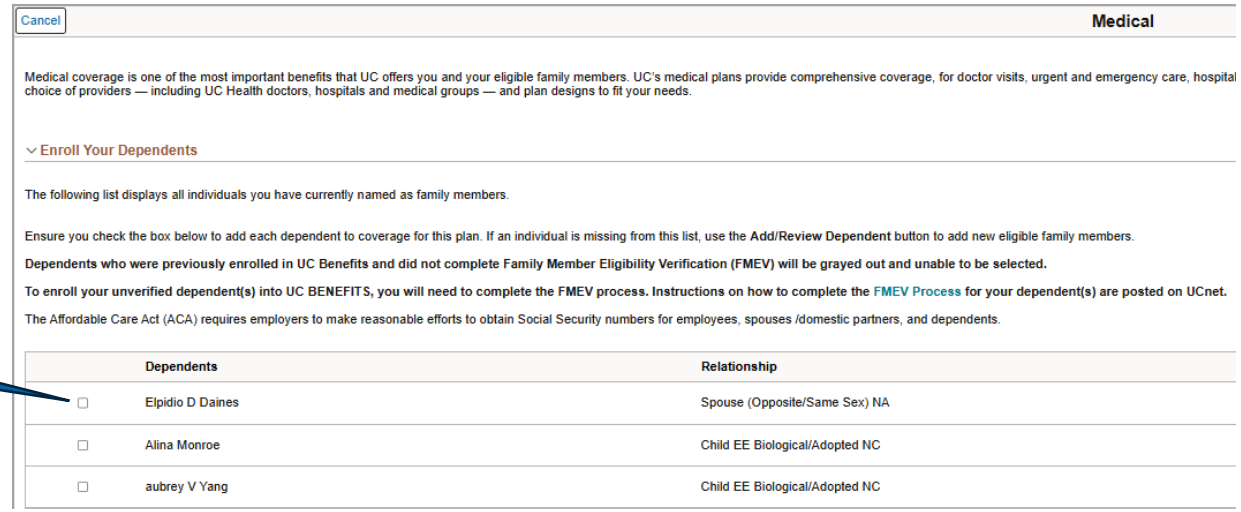
Selecting Benefits after clicking “Open”

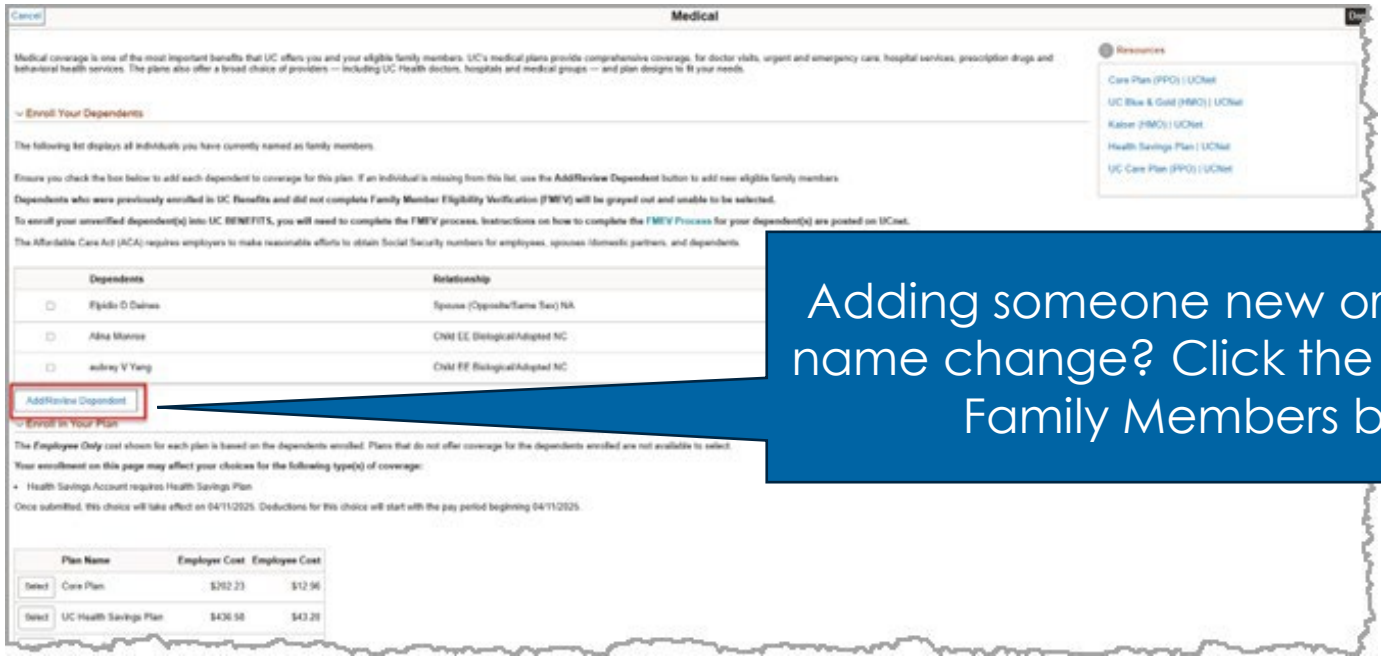


The Current Enrollment Summary section displays your current elections for all eligible plan types. At new hire, most elections default to Waive. When you are ready to make your elections, select the appropriate plan tile or the Review button on the list view to access the plan

Adding/Removing Dependent

You must check on the box next to the dependents name to enroll them in a plan

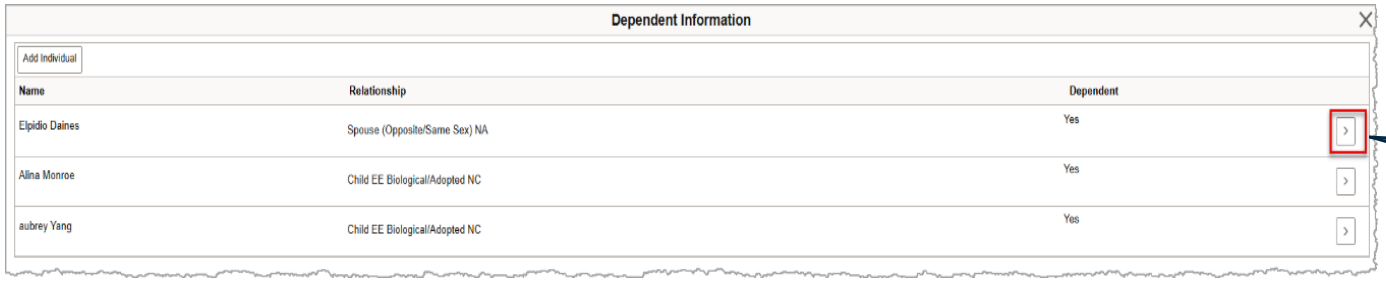




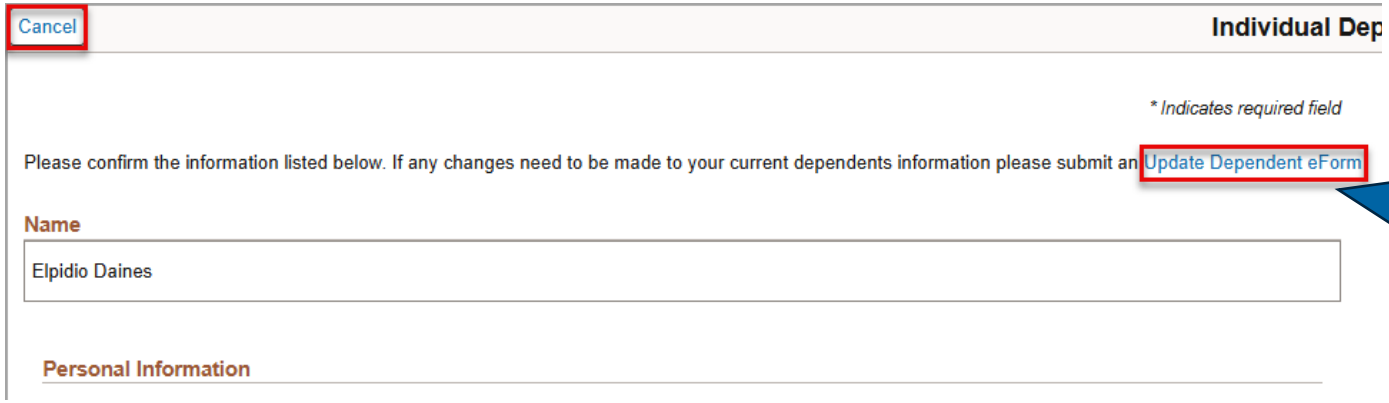
Adding someone new or dependent name change? Click the Add/Review Family Members button

UCI HR

Dependents Information



To review current dependent information, select the View or Update Detail icon.



To update your To update the dependent's information, select the Update Dependent eForm link at the top of the page. Select the "cancel" button to return to the Dependent Information page.

Flex Spending & Health Savings Accounts

- Requires annual re-enrollment to continue in plans
- Health Savings Account (HSA) requires enrollment in the UC Health Savings Plan.

Supplemental Health Plans & Pet Insurance

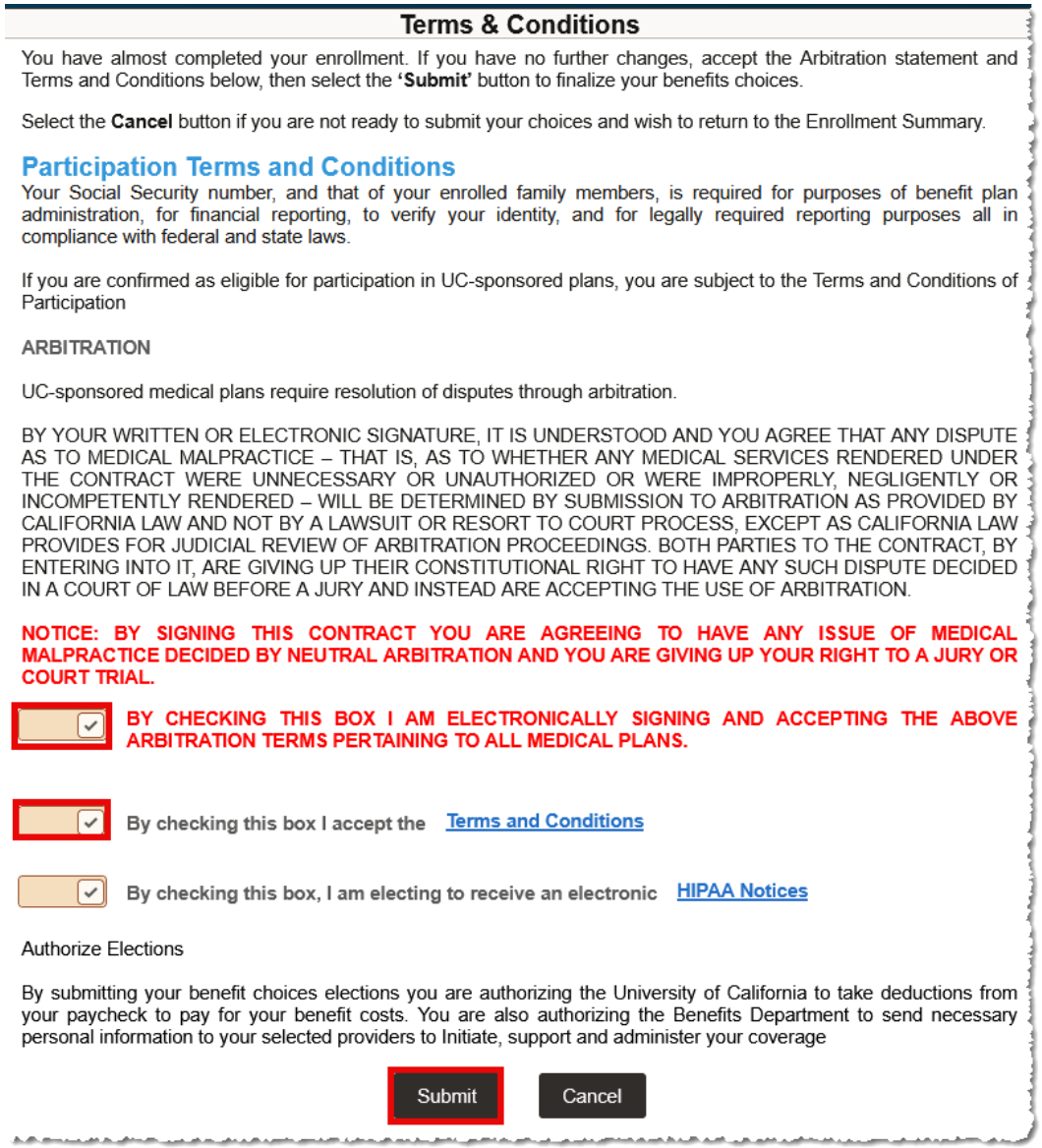
SUPPLEMENTAL HEALTH PLANS (Prudential)

- 3 Plans: Accident, Critical Illness, Hospital Indemnity.
- Pays cash benefits directly to you if you have a covered accident, illness or hospitalization

Nationwide Pet Insurance

- Veterinary care for injury & illness, Preventive care/wellness option
- Please enroll directly with Nationwide via petinsurance.com/uc

Submitting Benefit Elections



Terms & Conditions

You have almost completed your enrollment. If you have no further changes, accept the Arbitration statement and Terms and Conditions below, then select the **'Submit'** button to finalize your benefits choices.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Participation Terms and Conditions

Your Social Security number, and that of your enrolled family members, is required for purposes of benefit plan administration, for financial reporting, to verify your identity, and for legally required reporting purposes all in compliance with federal and state laws.

If you are confirmed as eligible for participation in UC-sponsored plans, you are subject to the Terms and Conditions of Participation

ARBITRATION

UC-sponsored medical plans require resolution of disputes through arbitration.

BY YOUR WRITTEN OR ELECTRONIC SIGNATURE, IT IS UNDERSTOOD AND YOU AGREE THAT ANY DISPUTE AS TO MEDICAL MALPRACTICE – THAT IS, AS TO WHETHER ANY MEDICAL SERVICES RENDERED UNDER THE CONTRACT WERE UNNECESSARY OR UNAUTHORIZED OR WERE IMPROPERLY, NEGLIGENTLY OR INCOMPETENTLY RENDERED – WILL BE DETERMINED BY SUBMISSION TO ARBITRATION AS PROVIDED BY CALIFORNIA LAW AND NOT BY A LAWSUIT OR RESORT TO COURT PROCESS, EXCEPT AS CALIFORNIA LAW PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. BOTH PARTIES TO THE CONTRACT, BY ENTERING INTO IT, ARE GIVING UP THEIR CONSTITUTIONAL RIGHT TO HAVE ANY SUCH DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY AND INSTEAD ARE ACCEPTING THE USE OF ARBITRATION.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL.

☐ **BY CHECKING THIS BOX I AM ELECTRONICALLY SIGNING AND ACCEPTING THE ABOVE ARBITRATION TERMS PERTAINING TO ALL MEDICAL PLANS.**

☐ **By checking this box I accept the Terms and Conditions**

☐ **By checking this box, I am electing to receive an electronic HIPAA Notices**

Authorize Elections

By submitting your benefit choices elections you are authorizing the University of California to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to Initiate, support and administer your coverage

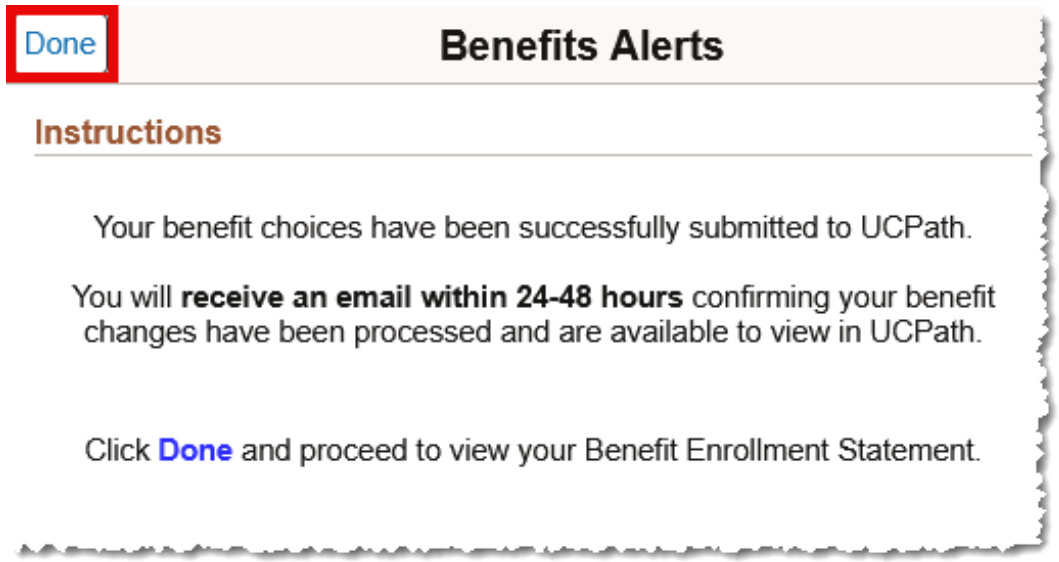
Submit Cancel

UCPath displays the Terms & Conditions pop-up window. Select the check boxes to accept the Arbitration Terms and the Terms and Conditions.

- Select the "Submit" button.

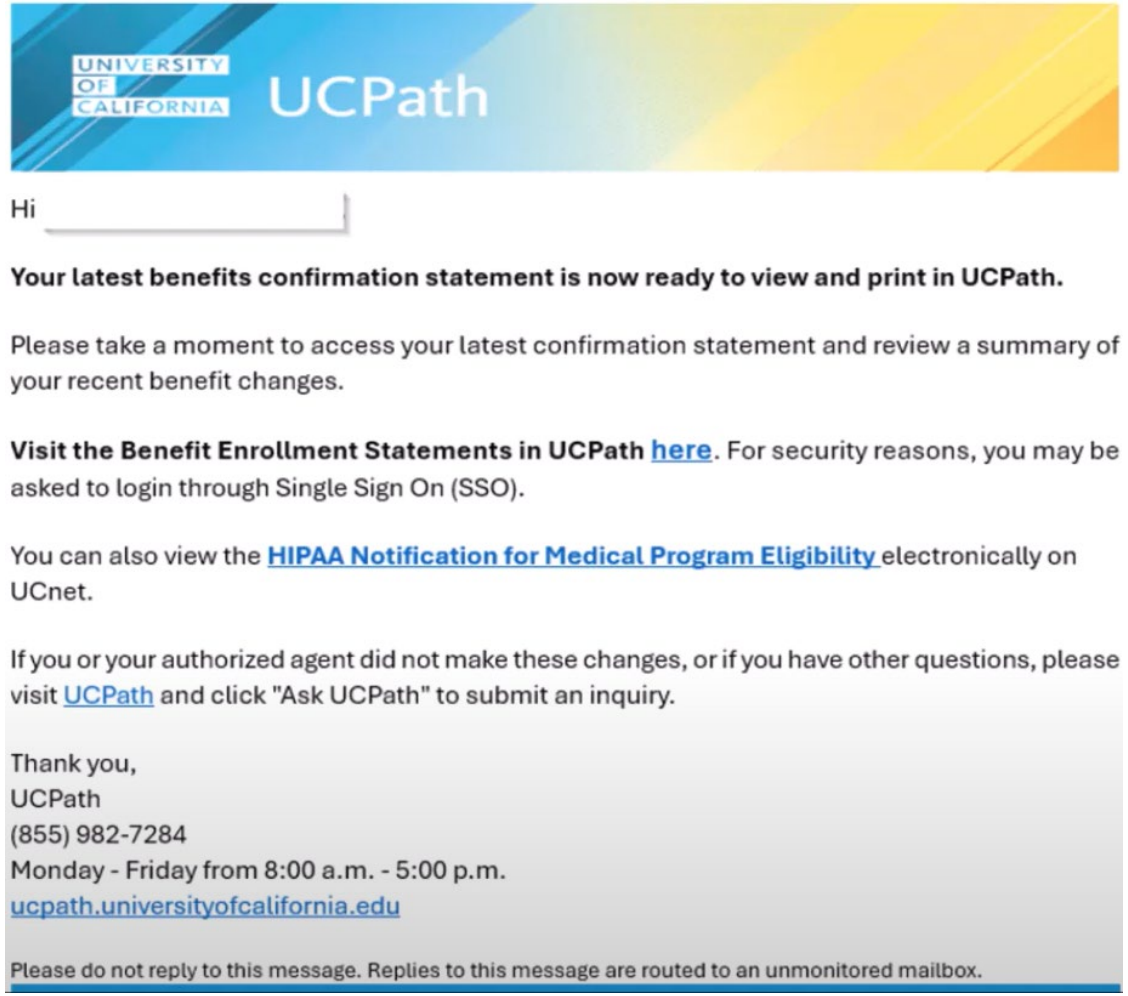
Enrollment Submission Confirmation

When the "Benefits Alerts" message appears, select the "Done" button.



Confirmation Statements

- Once submitting your election, you will receive a confirmation email from UCPath within 24-48 hours.
- It is crucial that employees review the email confirmations they receive.



UNIVERSITY OF CALIFORNIA UCPath

Hi

Your latest benefits confirmation statement is now ready to view and print in UCPath.

Please take a moment to access your latest confirmation statement and review a summary of your recent benefit changes.

Visit the Benefit Enrollment Statements in UCPath here. For security reasons, you may be asked to login through Single Sign On (SSO).

You can also view the **HIPAA Notification for Medical Program Eligibility** electronically on UCnet.

If you or your authorized agent did not make these changes, or if you have other questions, please visit UCPath and click "Ask UCPath" to submit an inquiry.

Thank you,
UCPath
(855) 982-7284
Monday - Friday from 8:00 a.m. - 5:00 p.m.
ucpath.universityofcalifornia.edu

Please do not reply to this message. Replies to this message are routed to an unmonitored mailbox.

Questions? Contact the EEC

Self-Service Portal:
https://eec.hr.uci.edu/
AI Chat Feature:
Self-service topic search for quick answers to common questions along with live agent support
Phone: 949.824.0500,
M – F, 8:30am – 5pm
Email: eec@uci.edu