

**UC Supplemental Disability and Life Insurance Plans  
Statement of Health Procedure  
Application and Enrollment**

Coverage under the UC sponsored Supplemental Disability and Life Insurance plans generally starts on the day you become eligible, provided you enroll during your Period of Initial Eligibility (PIE) for yourself and any eligible family members. A Statement of Health is required under the following circumstances:

1. Apply for employee coverage under either plan **after** the PIE has ended,
2. Apply for dependent coverage under the Basic or Expanded Dependent life insurance plans **after** the PIE has ended,
3. Select a **shorter** waiting period for the Supplemental Disability Plan,
4. **Increase** coverage in the Supplemental Life plan.

A completed Statement of Health is sent to the insurance company for review. Approval is not guaranteed. You will be notified by mail of the insurance company's decision.

**How to Initiate the Process**

Contact the UCSB Benefits Office for the enrollment form or click, download, and complete the [Enrollment, Change, Cancellation form \(UPAY 850\)](#).

**How to complete the UPAY 850:**

- Section 1: Enter your Personal Information,  
Section 2: Check the box titled "Statement of Health" in column 3  
Section 4: Clearly indicate if you wish to Enroll, or Change your coverage under the Supplemental Disability, Supplemental Life or Dependent Life Insurance Plans.  
Signature: Sign and Date the bottom of form.

**Where to Send the Completed UPAY 850:**

By mail: UCSB Human Resources – Benefits Office  
3101 SAASB  
The University of California  
Santa Barbara, CA 93106-3160

or,

By fax: 805-893-8645 (Note: If the UPAY 850 form is faxed, please also send the original copy to the UCSB Benefits Office at the above address.)

**What happens next?**

Once a properly completed UPAY 850 form is received by the UCSB Benefits Office, they will complete the required information in the "Employer Section" of the appropriate Statement of Health (each insurance company/plan has a different form) and send the Statement of Health form to you for completion.

**1. Statement of Health/Health Questionnaire**

The employee must answer all questions on the Statement of Health. If application is being made for dependent life insurance, be sure to provide information on your spouse/eligible domestic partner for whom coverage is being requested.

2. Send the completed Statement of Health (employee and employer sections must be completed) directly to the appropriate insurance company at the address shown below.

**Will I be required to have a physical examination?**

No. Initially, the application **does not** require a medical statement from an attending doctor. During the review process the insurance company may request additional information from you or your physician. Any charges incurred for obtaining this additional information would be the applicant's responsibility. If you are applying for new or increased life insurance coverage amounting to \$50,000 or more, it is very likely that Prudential will ask for more information.

**How long will the process take?**

The review period by the insurance company can take as long as two to three months so you will have to be patient. The insurance company will notify you (and the UCSB Benefits Office) in writing of their decision. Contact the insurance company if you have any questions regarding the status of your application--phone numbers are listed below.

**When will my request be effective?**

If your request is approved, coverage will be effective on the date the Statement of Health was approved, subject to any limitations contained in the contract. The UCSB Benefits Office will initiate the required change in your payroll deductions. Always review your Automatic Direct Deposit statements or pay stubs to be sure that coverage and your payroll deductions are correctly reflected and notify the UCSB Benefits Office immediately if there is a discrepancy.

**Where should I mail the completed Statement of Health Form?**

Send the completed questionnaire to the appropriate insurance company <b>(do not send the completed Statement of Health to anyone at UCSB)</b> as shown here:	
<b>Supplemental Disability Plan</b>	<b>Supplemental Life and Dependent Life Insurance Plans</b>
Liberty Mutual Insurance Company ATTN: Medical Underwriting P.O. Box 1525 Dover, NH 03821-9901 (Group # 037972) (Telephone: 800/210-0268)	The Prudential Insurance Company of America Group Medical Underwriting P.O. Box 8796 Philadelphia, PA 19101 (Group #97000) (Telephone: 888/257-0412) (FAX: 877/605-6671)

If you have any questions, go to <http://atyourservice.ucop.edu> and click on Health & Insurance or call the UCSB Benefits Office at extension 2489.