

The Late Enrollment Request form is for employees who need to enroll in benefit plans once they have missed the open enrollment period (OEP) or period of initial eligibility (PIE), or for Faculty second PIE. Click to access [form instructions](#).

**SECTION 1. KEY INFORMATION****\*Indicates Required Fields**

<b>Employee ID #*</b> (8 Digits)	<b>Last Name*</b>	<b>First Name*</b>	<b>M.I.</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Submitter's Name*</b>		<b>Date Submitted*</b> (m/d/yyyy)	
<input type="text"/>		<input type="text"/>	
<b>Submitter's Phone*</b> (numbers only; no spaces)		<b>Submitter's Email*</b>	
<input type="text"/>		<input type="text"/>	

**SECTION 2. QUALIFYING EVENT INFORMATION\***

<b>Check all that apply. Write in date of event, if applicable.</b>	<b>Event Date</b> (m/d/yyyy)
Hire/Rehire	<input type="text"/>
Open Enrollment	<input type="text"/>
Birth/Adoption	<input type="text"/>
Involuntary Loss of Coverage	<input type="text"/>
Return from Leave	<input type="text"/>
Change in Appointment Status	<input type="text"/>
Marriage/Domestic Partnership	<input type="text"/>
Divorce/Separation/Termination of Domestic Partnership	<input type="text"/>
Retroactive Appointment	<input type="text"/>
Faculty 2 <sup>nd</sup> PIE	<input type="text"/>
Other (please explain below)	<input type="text"/>
<input type="text"/>	

**SECTION 3. REASON FOR LATE ENROLLMENT REQUEST\***

<b>Please indicate the reason you are requesting late enrollment.</b>
<input type="text"/>

**SECTION 4. 90-DAY WAITING PERIOD FOR MEDICAL OPTION\***

Per UC Policy, an employee who is not enrolled in any medical plan because a Period of Initial Eligibility (PIE) or Open Enrollment Period (OEP) was missed may enroll in a No TIP (after-tax) medical plan subject to a 90-day waiting period.
<b>If your late enrollment request is denied, do you want to be enrolled in a medical plan subject to the 90-day waiting period?</b>
Yes, I would like to be enrolled in the 90-day waiting period for the medical option.
No, I want to decline medical coverage.

**SECTION 5. EMPLOYEE SIGNATURE** (Employee Signature will lock all previous fields on form.)

Employee Signature*	Date* (m/d/yyyy)

**SECTION 6. UCPATH INTERNAL USE ONLY**

<b>Request Approved</b>	
<b>Approver Name</b>	<b>Approval Date</b> (m/d/yyyy)
<b>Approver's Signature</b>	
<b>Additional UCOP Approval Required</b>	
<b>Approver Name</b>	<b>Date Forwarded</b> (m/d/yyyy)
<b>Approver's Signature</b>	
<b>Request Denied</b>	
<b>Authorized Name</b>	<b>Reason Code</b>
<b>Authorized Signature</b>	<b>Date Denied</b> (m/d/yyyy)