

STATEMENT CONCERNING YOUR EMPLOYMENT IN A UNIVERSITY POSITION NOT COVERED BY SOCIAL SECURITY

UCRS 419 (R1/05) University of California Human Resources and Benefits

Use this form to comply with the Social Security Protection Act of 2004, Section 419(c) of Public Law 108-203, which requires employers to provide a written notice to any individual being employed in a position that is not covered by Social Security on or after January 1, 2005. This form explains how not being subject to Social Security may affect future Social Security benefits to which these individuals may become entitled. **This form must be signed by the employee no later than the first day of work, as explained further below.**

WHERE TO OBTAIN THIS FORM

Hiring authorities/those responsible for processing new hires may download the form online from the "Forms and Publications" section of the UC At Your Service website (<http://atyourservice.ucop.edu>).

WHO MUST SIGN THE FORM

Ensure that all new hires in the following categories complete and sign the form:

- **Safety personnel covered by the UC Retirement Plan for Safety Members (police and fire fighters)**
- **Other UC Retirement Plan Members who are exempt from paying Social Security**
 - Nonresident aliens living and working outside the U.S.
 - Nonresident aliens exempt from Social Security because of an F-1 or J-1 visa status
 - Nonresident aliens whose wages are subject to taxes or contributions under the social security system of a foreign country with which the U.S. has a totalization agreement
- **All Defined Contribution Plan Safe Harbor Employees**
 - Part-time, seasonal, and temporary employees who are not covered by Social Security
 - Non-exempt UC student employees who do not satisfy certain course load requirements
 - Resident aliens with F-1 and J-1 visa status
- **Employees who do not contribute to a retirement system who are not covered by Social Security**
 - Exempt UC student employees who do satisfy certain course load requirements
 - Nonresident aliens living and working outside the U.S.
 - Nonresident aliens exempt from Social Security because of an F-1 or J-1 visa status
 - Nonresident aliens whose wages are subject to taxes or contributions under the social security system of a foreign country with which the U.S. has a totalization agreement

FORM COMPLETION DEADLINE

Employees in the above categories must receive, sign, and return the form to the departmental representative or hiring authority before beginning work, and no later than the beginning of the first day of work.

Note: An employee must complete the form **each time** he or she is newly hired or rehired in a new appointment in one of the above categories. Thus, a part-time student employee who leaves a job during summer break but is rehired into that or another job in one of the above categories in the fall must sign another form in the fall, etc.

COMPLETING THE FORM

Ensure that all entries in item #1, "Employee & University Information," are completed, and that the employee has signed and dated the form.

DISTRIBUTION OF SIGNED FORM

REQUIRED: Within 30 days after the form is signed, send signed form to:

UC HR/Benefits
Records Management
P.O. Box 24570
Oakland, CA 94623-1570

RECOMMENDED: Give a photocopy of the form to the employee.

OPTIONAL: Retain a photocopy of the form in the employee's personnel file.

**STATEMENT CONCERNING YOUR EMPLOYMENT IN A
UNIVERSITY POSITION NOT COVERED BY SOCIAL SECURITY**
UCRS 419 (R1/05) University of California Human Resources and Benefits

Send completed form to:
UC HR/Benefits
Records Management
P.O. Box 24570
Oakland CA 94623-1570

1. EMPLOYEE AND UNIVERSITY INFORMATION

EMPLOYEE NAME (Last, First, Middle Initial)	EMPLOYEE NUMBER	SOCIAL SECURITY NUMBER
CAMPUS/LAB	DEPARTMENT	DATE OF HIRE

Your earnings from this position are not covered under Social Security. When you retire, or if you become disabled, you may receive a UC defined contribution plan (DC plan) or UC Retirement Plan (UCRP) benefit based on earnings from this position. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your DC plan or UCRP benefit may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected.

Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

1. Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a plan benefit from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a plan benefit from this job.

For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to the Social Security publication, "Windfall Elimination Provision."

2. Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a federal, state or local government plan benefit based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your government plan benefit.

For example, if you receive a monthly government plan benefit of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400 = \$100).

Even if your government plan benefit is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to the Social Security publication, "Government Pension Offset."

2. FOR ADDITIONAL INFORMATION

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or, for the deaf or hard of hearing, call the TTY number 1-800-325-0778, or contact your local Social Security office.

3. REQUIRED SIGNATURE

I certify that I have received Form UCRS 419 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

SIGNATURE OF EMPLOYEE	DATE
-----------------------	------

PRIVACY NOTIFICATIONS

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Associate Vice President—University of California Human Resources and Benefits, 1111 Franklin Street, Oakland, CA 94607-5200.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The University's record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article 1X, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011.6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.