



UNIVERSITY CORPORATION AT MONTEREY BAY

100 Campus Center Seaside, CA 93955-9001 831-582-4448

Corporation Employees not eligible for Corporation Health Plan

Important Information Regarding YOUR Health Insurance Options

What is this notice?

The attached Department of Labor Notice is an important document that describes your right and responsibility to purchase health insurance under the Affordable Care Act.

Why does this matter to me?

Starting January 1, 2014, all residents of the United States are required to obtain health insurance for themselves and their families. Residents who do not maintain minimum qualifying coverage will be subject to a personal income tax penalty.

The Affordable Care Act also establishes a new online marketplace from which qualifying health insurance may be purchased. In California, this new marketplace "exchange" will be managed by Covered California (www.coveredca.com).

Important Note: You are not obliged to purchase insurance through the exchange! The plans offered through Covered California are simply additional options available alongside the current health insurance market.

What do I need to do?

As you are currently uninsured through the Corporation, you will need to make some decisions about coverage for January 1, 2014. Lower income individuals may benefit from shopping through Covered California, because they may qualify for premium or benefit subsidies available from that publicly funded marketplace. These subsidies will only be available to individuals earning less than 400% of the Federal Poverty Level, and not everyone who applies for coverage through the exchange will qualify for a subsidy.

Will the Corporation pay for coverage through the exchange?

No. Health insurance purchased through Covered California will not be sponsored by the Corporation and your premiums will be paid entirely by you out of your own after-tax earnings. We will not pay any portion of premium for coverage purchased through Covered California or for any other individual health insurance product.

If you have any questions regarding the contents of the attached notice, please contact the Corporation HR Office at (831) 582-4498 or (831) 582-4301.

DEPARTMENT OF LABOR

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1 An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name: University Corporation at Monterey Bay		4. Employer Identification Number (EIN) 77-0387459
5. Employer Address: 100 Campus Center, Bldg 201, Suite 119		6. Employer Phone: 831-582-4301
7. City: Seaside	8. State: CA	9. Zip Code: 93955
10. Who can we contact about employee health coverage at this job: Belle Lozada or Gigi Kiama		
11. Phone Number (if different than above): 831-582-4498		12. Email address: clozada@csumb.edu gkiama@csumb.edu

Here is some basic information about health coverage offered by the Corporation:

- As your employer, we offer a health plan to:

	All Employees
<input checked="" type="checkbox"/>	<p>Some Employees. Eligible Employees are: Employees hired through a formal recruitment into a Regular classification working 30 or more hours per week.</p> <p>Employees hired into Temporary, Student Assistant or CSU Additional Compensation classifications are not eligible for benefits. These are variable hour classifications with maximum limitations.</p>

- With respect to dependents:

<input checked="" type="checkbox"/>	<p>We do offer coverage. Eligible dependents are:</p> <ul style="list-style-type: none"> • Current spouse/registered domestic partner • Natural, adopted, step or registered domestic partner's children up to age 26 • Unmarried child of any age enrolled prior to age 26 who is chiefly dependent on the subscriber, spouse or domestic partner for support and maintenance and is incapable of self-sustaining employment due to a physical or mental condition. <u>Note:</u> subscriber will need to present various documents to carrier certifying this relationship.
	We do not offer coverage.

<input checked="" type="checkbox"/>	If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.
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** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income,

along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process.

THIS IS A LEGALLY REQUIRED NOTIFICATION FORM. OUR RECORDS INDICATE THAT YOU ARE NOT ELIGIBLE FOR MEDICAL BENEFITS THROUGH UNIVERSITY CORPORATION AT MONTEREY BAY BASED ON YOUR CLASSIFICATION AND HOURS WORKED. SHOULD YOUR EMPLOYMENT CLASSIFICATION CHANGE IN THE FUTURE YOU WILL BE NOTIFIED. WE ARE UNABLE TO ANSWER SPECIFIC QUESTIONS REGARDING THE NEW INSURANCE EXCHANGES AND ENCOURAGE YOU TO CONTACT HEALTHCARE.GOV TO LEARN ABOUT YOUR OPTIONS.

New Hire Notice -- Injuries Caused By Work

What does workers' compensation cover?

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures such as hurting your wrist from doing the same motion over and over). Generally, independent contractors, and volunteers who receive no compensation are not covered by workers' compensation benefits. Injuries resulting from off duty recreational, social, or athletic activities, unless condoned or sponsored by your employer, are generally not covered.

Benefits:

Workers' compensation benefits include: Medical care, temporary disability, permanent disability, supplemental job displacement voucher, and death benefits

Medical Care:

You are entitled to medical care that is reasonably required to cure or relieve you from the effects of your work-related injury. Medical care may include doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines that are reasonably necessary to treat your injury. Providers should never bill you directly for work-related injuries. There is a limit on some medical services. Your employer is required to provide you with a claim form within one business day of learning about your injury. It is extremely important that you complete the "Employee" section of the claim form as your employer is required to authorize medical care within one working day after you file the form. If additional care is necessary after the initial treatment, the claims administrator will authorize any care that is appropriate for your injury, including the referral to specialists.

Your Primary Treating Physician (PTP):

This is the doctor with overall responsibility for treating your injury or illness. The primary treating physician determines what type of treatment you need and when you may return to work. A multispecialty medical group of licensed doctors and osteopathy can be designated as personal physicians. If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness by making a request to the claims administrator. Chiropractors may not continue as the primary treating physician after 24 visits. If specialists, diagnostics, etc. are needed in your case, this physician will be responsible for making the referrals. If you name your personal physician before your injury, you may see him or her for treatment in certain circumstances. Otherwise, your employer has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a doctor of your choice after 30 days. Special rules apply if your employer offers a Health Care Organization (HCO) or has a medical provider network.

You should receive information from your employer if you are covered by an HCO or MPN. Contact your employer for more information.

Treatment by your personal physician:

You may be treated by your personal physician if you notify your employer prior to your injury. A personal physician includes a medical group of licensed doctors of medicine or osteopathy. Please have your physician complete the attached form and return to your employer. The following requirements must be met:

1. You must have group health coverage from any source for non-industrial illnesses and injuries.
2. Your personal physician must agree in advance to treat you for any work injuries or illnesses
3. Your physician must be your regular physician and surgeon.
4. Your physician has previously directed your medical treatment and retains your records, including your medical history.

What happens if your employer disputes your injury?

State law requires employers to authorize medical care within one working day of receiving a DWC 1 claim form. Your employer may be liable for as much as \$10,000 in medical care until your claim is accepted or denied.

Medical Provider Networks:

Your employer may be using a MPN, which is a selected network of health care providers to provide treatment to workers injured on the job. If your employer is using a MPN, a MPN notice should be posted next to this poster to explain how to use the MPN. If you have predesignated your personal physician prior to your work injury, then you may receive treatment from your predesignated doctor. If you have not predesignated and your employer is using a MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by the employer. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN.

What if my employer has a Medical Provider Network?

If your employer has Medical Provider Network additional information can be obtained by reviewing the full employee notification which is required to be posted in close proximity to the workers' compensation poster.

What if my employer does not have a Medical Provider Network?

If your employer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness within 30 days of reporting your injury. Chiropractors may not continue as

the primary treating physician after 24 visits. You may use the attached Notice of Personal Chiropractor or Personal Acupuncturist form to notify your employer of this change.

Emergency Medical Care:

If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department.

First Aid:

If you need first aid treatment, contact your employer. If you have more than a simple first aid injury, you will need to ask your employer for a claim form.

Temporary Disability (TD) Benefits:

You may be entitled to payments if you lose wages while recovering. Your temporary disability rate is calculated by multiplying your average weekly wage by two thirds. The first 3 days of disability are not payable under California law unless there is hospitalization at the time of injury or the disability exceeds 14 days. If your physician returns you to work on a modified basis, you may be entitled to wage loss. This is generally calculated by multiplying the difference between your average weekly wage and your earnings during modified duties times two thirds. This is subject to the benefit minimums and maximums set by the California Legislature. Temporary disability benefits are payable within 14 days of the date of injury or knowledge of the injury. Subsequent payments are due every 14 days. For injuries occurring on or after 1/1/08, no more than 104 weeks of temporary disability are payable within 5 years from the date of injury. For longer term conditions (hepatitis B & C, amputations, severe burns, HIV, high velocity eye injuries, chemical burns to the eyes, pulmonary fibrosis, and chronic lung disease) no more than 240 weeks within five years from the date of injury are payable. You may be eligible for state disability benefits from the Employment Development Department (EDD) if TD benefits are stopped, delayed, or denied. There are time limits so contact EDD for more information.

Permanent Disability (PD) Benefits:

You may be entitled to payments if your physician says your injury has limited your ability to work. The permanent disability rate is calculated by multiplying your average weekly wage by two thirds, subject to statutory minimums and maximums. The amount of permanent disability or impairment may depend on your doctor's opinion, as well as your age, occupation type of injury and date of injury. If you have permanent disability or your claims examiner suspects you have permanent disability, a letter will be sent to you explaining your benefits, including the estimate or total value of permanent disability, weekly payment amount, how the benefit was calculated, and all of your related rights under the California Labor Code, including your right to object to the report upon which the determination is being based. Permanent Disability benefits are payable within 14 days of the last payment of temporary disability benefit or after you physician indicates there is permanent disability. The benefit is payable every fourteen days. Permanent Disability benefits are not payable until your claim is finalized if your employer

offered a job upon termination of temporary disability benefits.

Supplemental Job Displacement Benefit:

You may be entitled to a nontransferable voucher payable to a state approved school. To qualify, your injury must result in a permanent impairment and your employer is unable to offer modified or alternative work within 60 days of receipt of a report asserting that all medical conditions have reached maximum medical improvement. If your employer does not offer a modified or alternate job within 60 days of determination of maximum medical improvement, you may chose to receive a nontransferable voucher to use at a state accredited school for education-related retraining or skill replacement. If you qualify for the supplemental job displacement benefit, your claims examiner will provide a voucher for up to \$6,000.00.

Return to Work Fund

If your injury results in permanent impairment and it is determined that the amount awarded is disproportionately low in comparison to your loss of earnings, you may be entitled to additional compensation. A fund was established to supplement permanent impairment benefits under specific circumstances. This fund is administered by the Division of Workers Compensation. Your examiner can assist in directing you to the correct resource to determine eligibility.

Death Benefits:

Death benefits are paid to dependents of a worker who dies from a work-related injury or illness. The benefit is calculated and paid in the same manner as temporary disability. This benefit is paid at a minimum rate of \$224 per week. The death benefit rates are set by state law and the amount depends upon the number of dependents. If dependent minor children are involved, death benefits are payable at least until the youngest child reaches majority age. Burial expenses are also provided under this benefit.

Report Your Injury:

Report the injury immediately to your supervisor or to:

Employer representative: Gigi Kiama, HR Manager

Phone number: (831) 582-4301

Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for your alleged injury and shall be liable for up to ten thousand dollars (\$10,000) in treatment until the claim is accepted or rejected. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars (\$ 10,000). If your claim is denied, you have the right to appeal the decision within one year of the date of injury.

Discrimination:

It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Questions?

If you have questions, see your employer or the claims examiner who handles workers' compensation claims for your employer.

Claims Administrator:

Sedgwick Claims Management Services, Inc.

Address: P.O. Box 14479

City: Lexington State: KY Zip: 40512-4479

Phone: 916-851-8060

The employer is insured for workers' compensation by:

This employer is self insured.

How do I locate information regarding my employer's current workers' compensation carrier?

For information regarding your employer's workers' compensation carrier, please visit the below website.

<https://www.caworkcompcoverage.com>

If the workers' compensation policy has expired, contact a Labor Commissioner at the Division of Labor Standards Enforcement - their number can be found in your local White Pages under California State Government, Department of Industrial Relations.

You can get free information from a State Division of Workers' Compensation Information & Assistance Officer.

The nearest Information & Assistance Officer is at:

Address: 1880 North Main Street, Suite 100&200

City: Salinas Phone: 831-443-3060

Hear recorded information and a list of local offices by calling toll-free (800) 736-7401.

Learn more online: www.dir.ca.gov.

False claims and false denials:

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any off-duty recreational, social, or athletic activity that is not part of your work-related duties.

What choices do I have for medical treatment:

Emergencies call 9-1-1. Unless you have predesignated a personal physician, treatment must be provided by:

CSUMB Health Center*
100 Campus Center, Bldg 80
Seaside, CA 93955
phone; (831) 582-3965

*** Or any Doctor's on Duty near you.**
Emergency: CHOMP (831) 624-5311

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.) or doctor of osteopathic medicine (D.O.) if:

On the date of your work injury you have health coverage for injuries and illnesses that are not work related;

The doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;

Your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries;

Prior to the injury your doctor agrees to treat you for work injuries or illnesses;

Prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN Employee:

Complete this section.

TO: (name of employer). If I have a work-related injury or illness, I choose to be treated by:

(name of doctor) (M.D., D.O.)

(street address, city, state, ZIP)

(telephone number)

Employee Name (please print): _____

Employee's Address: _____

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses: _____

Employee's Signature: _____ **Date:** _____

Physician: I agree to this pre-designation:

Signature: _____ **Date:** _____

(physician or designated employee of the physician)

The physician is not required to sign this form, however, if the physician or designated employee of the physician does not sign, other documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1 (a)(3).

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist. Chiropractors may not continue as the primary treating physician after 24 visits.

Note: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by a surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Your Chiropractor or Acupuncturist's Information:

(name of chiropractor or acupuncturist)

(street address, city, state, ZIP)

(telephone number)

Employee Name (please print): _____

Employee's Address: _____

Employee's Signature: _____ Date: _____

CAMPUS RESOURCES & REPORTING OPTIONS

FOR ALL DISCRIMINATION

Including sexual assault, dating/domestic violence, & stalking

CONFIDENTIAL RESOURCES

Confidential means that utilizing these options does *not* put CSUMB on notice of the allegations/concerns.

CAMPUS ADVOCATE

ELIZABETH COTA

(831) 402-9477
Elizabeth@mtryrapecrisis.org
Building 80, Rm 15
(M, W, Th 9 – 4 or by apt)

PERSONAL GROWTH AND COUNSELING CENTER (PGCC)

(831) 582-3969
Building 80

MONTEREY COUNTY RAPE CRISIS CENTER (MCRCC) (24 HOUR)

(831) 375-4357

YWCA (24 HOUR)

(831) 372-6200
(831) 757-1001

REPORTING TO CAMPUS

Our mission and mandate is to prevent, correct, and when necessary, discipline discriminatory behavior

ALL employees (including student employees) are obligated to notify Title IX/DHR regarding any and all reports they receive. Exceptions are limited to the Confidential Resources listed to the left, as well as an official Union Representative acting in that capacity for providing advice to a member.

TITLE IX & DHR

WENDY SMITH

(831) 582-3510
wensmith@csumb.edu
Sand Hall (Building 8)

REPORTING TO POLICE

Sexual violence is a crime and thus reporting to law enforcement is encouraged, but not required.

Police officers are available to answer questions, take reports, and refer to appropriate jurisdiction, depending on where the crime took place.

This does not require identifying the survivor or perpetrator to the campus, and officers can help explain rights and options.

CSUMB POLICE DEPARTMENT

NON-EMERGENCY:

(831) 655-0268

EMERGENCY: 911

NIGHTWALK SERVICE:

(831) 582-3573

MEDICAL ASSISTANCE

911 FOR MEDICAL EMERGENCIES

You may seek medical care to test for sexually transmitted infections, pregnancy or physical injury. **Medical staff must report sexual and domestic violence to law enforcement*, but that does not mean a survivor has to file a report.

FORENSIC EXAMS:

To obtain a free forensic examination (collects evidence for criminal investigation), contact the campus advocate, MCRCC, or law enforcement. Forensic exams are initiated by law enforcement *with confidential options*.

CSUMB HEALTH CENTER

(831) 582-3965

I AM A DESIGNATED REPORTER.

WHAT DOES THAT MEAN?

AM I A DESIGNATED REPORTER?

All employees (except those explicitly designated as confidential resources) must report to Title IX/DHR any notice they receive of discriminatory or retaliatory behavior by, or directed toward, a campus affiliate.

This is not the same as being a designated reporter under the Child Abuse and Neglect Reporting Act (CANRA)

WHAT CONSTITUTES DISCRIMINATION & RETALIATION?

Discrimination is any adverse action, or offensive conduct that is severe or pervasive (harassment), occurring based on a protected category. Retaliation is any adverse action reasonably perceived as resulting from reporting or participating in a discrimination complaint process. This includes sexual assault, domestic or dating violence, and stalking.

HOW DO I REPORT?

Contact the Title IX/DHR Coordinator:

Wendy Smith

wensmith@csumb.edu

831/ 582-3510*

**email is recommended for faster response*

Reports can go through an internal chain of command (i.e. RAs can tell Community Directors, faculty can tell their Deans), but be sure protocols are in place to ensure the report makes it to Title IX/DHR.

WHAT INFORMATION DO I PROVIDE?

All information you have should be forwarded to Title IX/DHR. The Coordinator is fully cognizant of all sensitivity and confidentiality requirements.

All examples included are provided to aid understanding and do not constitute a comprehensive list. If ever in doubt, please contact the Coordinator to consult, or default to reporting.

PROTECTED CATEGORIES

Age	Marital Status
Disability	Race or Ethnicity
Gender (& Gender Expression)	Religion
Genetic Information	Sexual Orientation
Nationality	Veteran or Military Status

FAQS

Do I report things like a CSUMB student/employee told me she had been slapped across the face by her date at a party?

Yes.

Even if her date was not affiliated with CSUMB?

Yes, we still have obligations to provide information and support resources to our affiliate.

Even if she doesn't want to report it?

Yes. Only confidential resources are exempt from reporting, but Title IX/DHR is well versed in being sensitive to privacy concerns and will not share beyond need-to-know.

Do I report that a student/employee asked for interim measures (no contact orders, class/exam/schedule changes, etc.)?

Maybe. Do you know it is due to experiencing discrimination, or participating in a discrimination complaint process? Then yes.

Do I report that a CSUMB student/employee told me "something bad happened"?

Not required unless you have specific reason to know it relates to a protected category.