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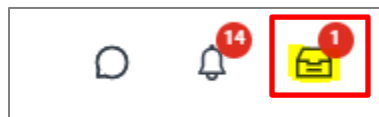
## How to make your Benefit Elections

Newly hired benefits-eligible faculty and staff have 30 days from the date of hire to complete their online enrollment in USFWorks.

### Follow these steps:

1. Log in to USFWorks using your USF username (without @usfca.edu) and password. Enter your **username** and **password**, and click **Sign In**.

2. Once you are logged in, go to your USFWorks Inbox by clicking on the mail symbol on the top right-hand side.



3. Open the **Change Benefits for Life Event** message and click **Let's Get Started**.

4. On the next page, you will see a number of Benefits cards.

You are required to select an enrollment option for:

- Medical – Spousal Surcharge
- Medical

You are required to designate a Beneficiary for:

- Basic Life & AD&D (employer-paid)

If enrolling in the following voluntary life insurance plans, you are required to designate a Beneficiary:

- Voluntary Term Life
- Voluntary AD&D – Employee
- Voluntary AD&D – Family

The following are optional:

- Dental
- Vision

- Dependent Care FSA
- Healthcare FSA
- TIAA Retirement Healthcare Savings Plan – Employee

In this guide, you will find steps on how to complete each one.

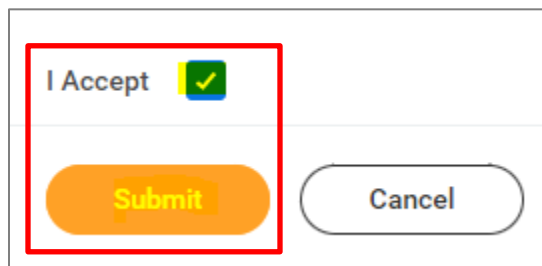
The following are employer-paid plans for which no action is required:

- Long Term Disability (LTD)
- 401 (a) Defined Contribution Plan
- TIAA Retirement Healthcare Savings Plan – Employer
- Employee Assistance Program

5. Once you have made your elections, click **Review and Sign**.



6. On the next page, review to make sure everything is correct, read the legal notice, **attach proof of relationship** if you have added any Dependents (e.g. marriage certificate, birth certificate), **check the checkbox** next to *I Accept*, and click **Submit**.

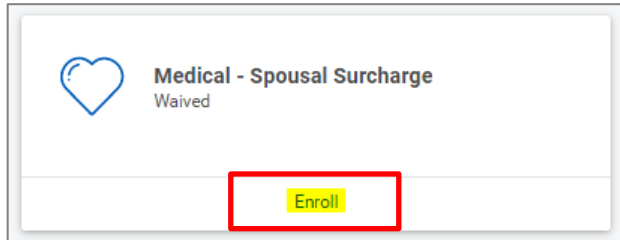


7. On the next page, click **Done**.
8. Your submission will be automatically routed to your HR Benefits partner for processing.

## Medical – Spousal Surcharge

Follow these steps:

1. On the **Medical – Spousal Surcharge** Benefit card, click **Enroll**.



2. Click **Select** (do not click Waive) and **Confirm and Continue**.

**Medical - Spousal Surcharge**

Projected Total Cost Per Paycheck  
\$0.00

**Plans Available**  
You must select a plan. The displayed cost of waived plans assumes coverage for No, I am not covering a spouse or domestic partner.

1 Item

*Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input checked="" type="radio"/> <b>Select</b> <input type="radio"/> Waive	- Does your spouse or domestic partner have access to other coverage?	Included	\$0.00

**Confirm and Continue**

3. On the next page, select the option which applies to you from the

**Coverage** drop-down list and click **Save**.

If you are enrolling your spouse or registered domestic partner (RDP) in your Medical Plan:

- *No, my spouse or domestic partner does not have access to other coverage.*
- *Yes, my spouse or domestic partner has access to other coverage (in this case, a \$75/month Spousal Surcharge applies)*

If you are **not** enrolling your spouse/RDP in your Medical Plan, or do not have a spouse/RDP the selected option needs to be:

- *No, I am not covering a spouse or domestic partner.*

If you are **not** enrolled in a USF Medical Plan, the selected option needs to be:

- *I am not enrolling in a USF medical plan.*

**Medical - Spousal Surcharge - - Does your**

Projected Total Cost Per Paycheck  
\$0.00

Coverage \* Search

Plan cost per paycheck

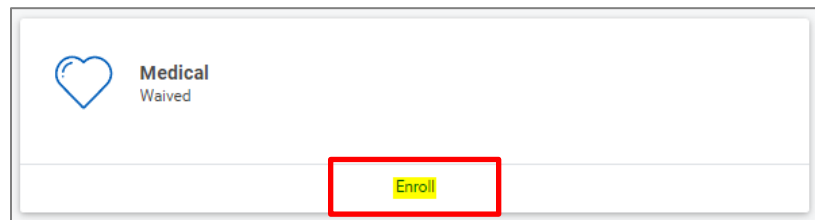
- No, I am not covering a spouse or domestic partner.
- No, my spouse or domestic partner does not have access to other coverage
- Yes, my spouse or domestic partner has access to other coverage
- I am not enrolling in a USF medical plan

Save Cancel

## Medical

Follow these steps:

1. On the **Medical** Benefit card, click **Enroll**.



2. On the next page, if enrolling in a USF Medical Plan select the one you prefer:

- *Anthem Blue Cross PPO*
- *Kaiser Permanente HMO NorCal*

If you are **not** enrolling in a USF Medical Plan because you and/or your Dependents have healthcare coverage elsewhere that is not an “individual market” plan\*, select:

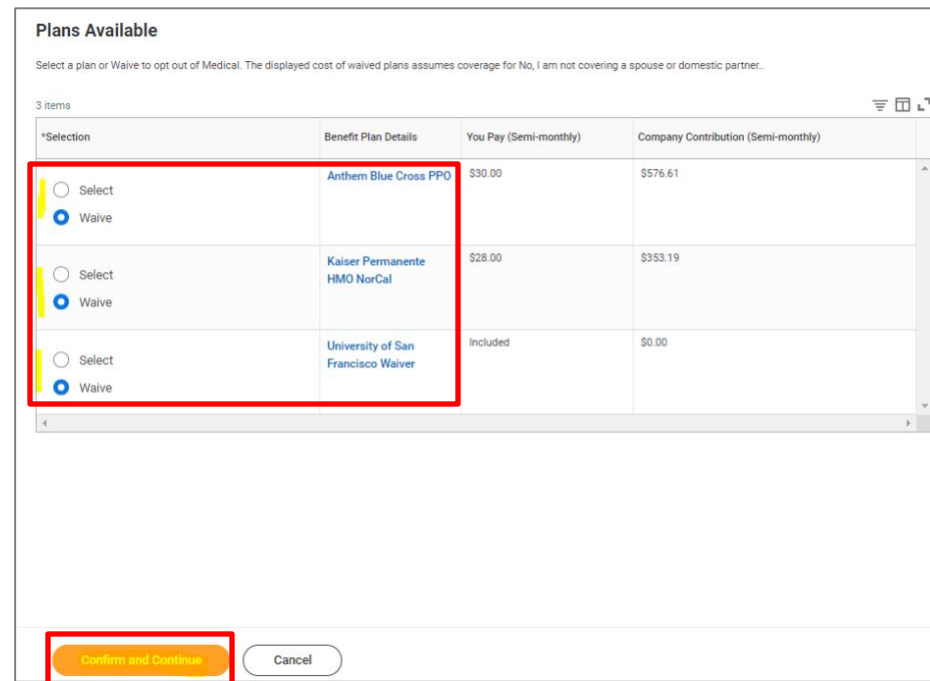
- *University of San Francisco Waiver*

In this case, will receive \$75/month in taxable income. Annual re-enrollment in the Medical Waiver plan is required during Open Enrollment. you are currently on a plan through another employer (as yourself or as a Dependent).

If your other coverage is considered an “individual market” plan, you are **not** eligible to enroll in the USF Medical Waiver plan. In this case, you should **waive all three options**.

\*“Individual market plans” include plans sold in Federal or State Exchanges or outside of Exchanges in the individual insurance market.

Then click **Confirm and Continue**.



3. On the next page, if you have elected to enroll in either the Anthem or Kaiser plan, select the **Coverage** level, add any Dependents, if necessary (see [here](#) for the steps), and click **Save**.

If you selected the *University of San Francisco Waiver*, you just need to select **Employee Only** and click **Save**.

**Dependents**

Add a new dependent or select an existing dependent from the list below.

Coverage \* Employee Only

Search

- Employee Only
- Employee Plus One
- Employee Plus Family
- Employee + Domestic Partner and Children
- Employee plus Domestic Partner

Plan cost per paycheck

Add New Dependent

Save Cancel

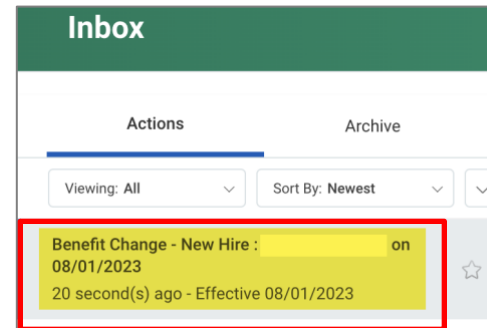
## Forms required if selecting the University of San Francisco Waiver

If you have not enrolled in a USF Medical Plan and you have selected the **University of San Francisco Waiver** (also known as the **Medical Waiver Plan**), once you have submitted your Benefit Elections task and it has been approved, you will receive **another task** in your USFWorks Inbox to complete.

1. Once your Benefit Elections have been approved, go back to your USFWorks Inbox.



2. Click the **Benefit Change – New Hire** task message.



3. On the right-hand side of the page next page, you will see the **Medical Waiver Attestation** to sign. Please **read the attestation**, **check the checkbox** next to *I Accept* and click **Submit**.

**Documents**

Document 📄 Medical Waiver Attestation

Signature Statement I am waiving an offer of affordable, minimum value medical coverage for myself and eligible dependents and will receive \$75 per month in taxable income.

I understand my dependents and I may not be eligible to enroll for benefits until USF's next annual open enrollment period. However, I and/or my dependents may become eligible to enroll if there is a qualifying event, and I request enrollment within 30 days of the eligible qualifying event.

I attest that I and none of my tax dependents are enrolled in coverage that is considered an "individual market" plan, including plans sold in Federal or State Exchanges or outside of Exchanges in the individual insurance market.

I understand that I will need to re-certify annually during Open Enrollment.

I Agree

Submit Save for Later Cancel

4. The Benefits Team will then send you another form to fill in and return by email to [benefits@usfca.edu](mailto:benefits@usfca.edu):
  - San Francisco Healthcare Security Ordinance (SF HCSO) Waiver Form

Full information about the form will be included on the email sent to you. It is imperative that you return these forms as soon as possible.

### Important note:

If you do not see the Medical Waiver Attestation task in your USFWorks Inbox after submitting your Benefit Elections task and it is approved, this may be because your Benefit Elections task was returned to you for you to make corrections and resubmit.

The Medical Waiver Attestation task is not always generated after a resubmission and approval of the Benefit Elections task.

In this case, please reach out to the Benefits Team at [benefits@usfca.edu](mailto:benefits@usfca.edu) who will send you a PDF version of the Medical Waiver Attestation to sign and return.

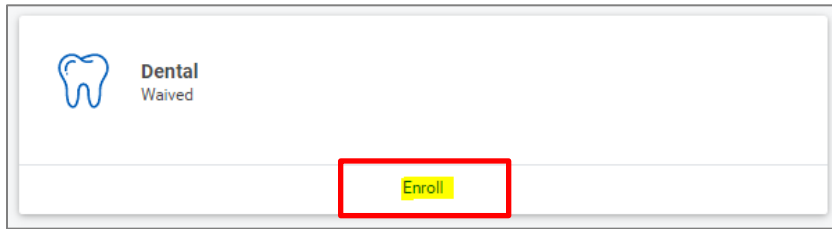


## Dental

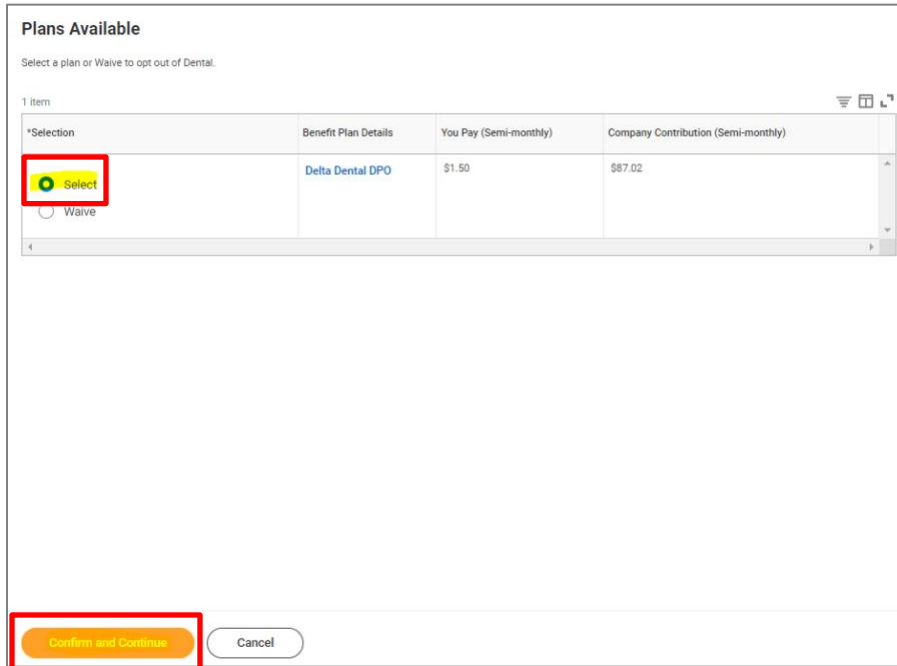
Follow these steps:

1. If you wish to enroll in the USF Dental Plan, on the **Dental** Benefit card, click **Enroll**.

If you do **not** wish to enroll, you can ignore this Benefit card.

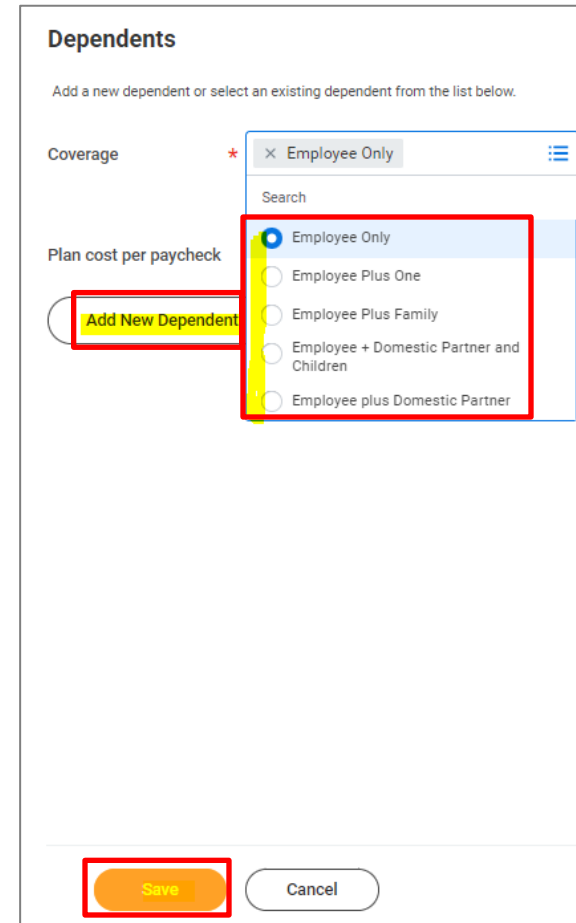


2. If you wish to enroll in the Delta Dental Plan, click **Select** and click **Confirm and Continue**.



3. If you have selected enroll on the previous page, there are more steps. On the next page, select the **Coverage** level, add any

Dependents, if necessary (see [here](#) for the steps), and click **Save**.

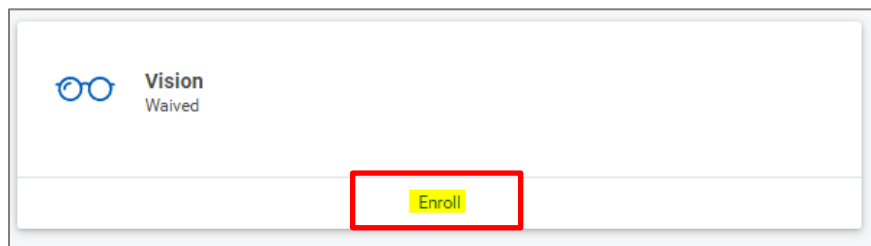


## Vision

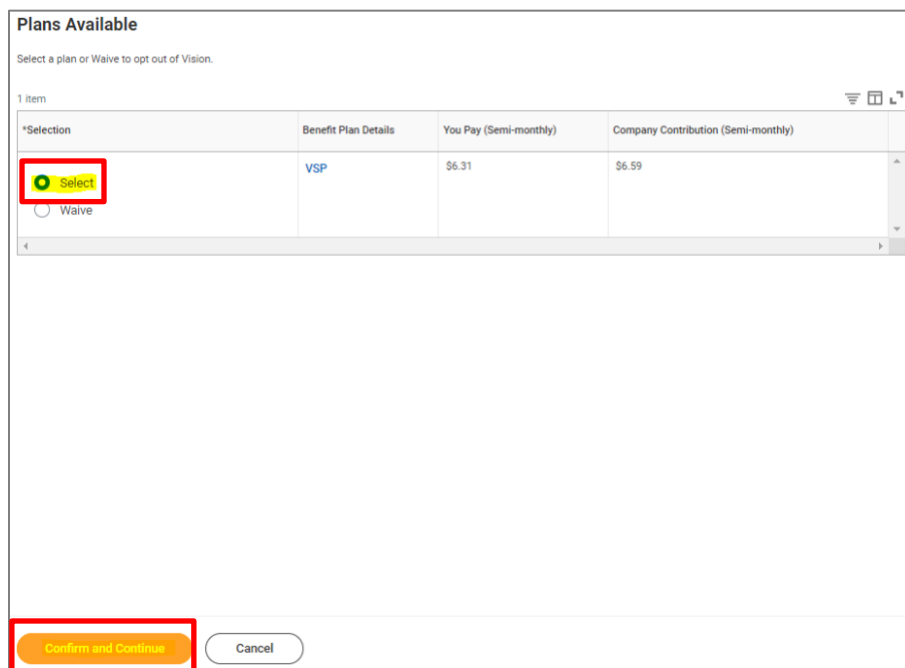
Follow these steps:

1. If you wish to enroll in the USF Vision Plan, on the **Dental** Benefit card, click **Enroll**.

If you do **not** wish to enroll, you can ignore this Benefit card.

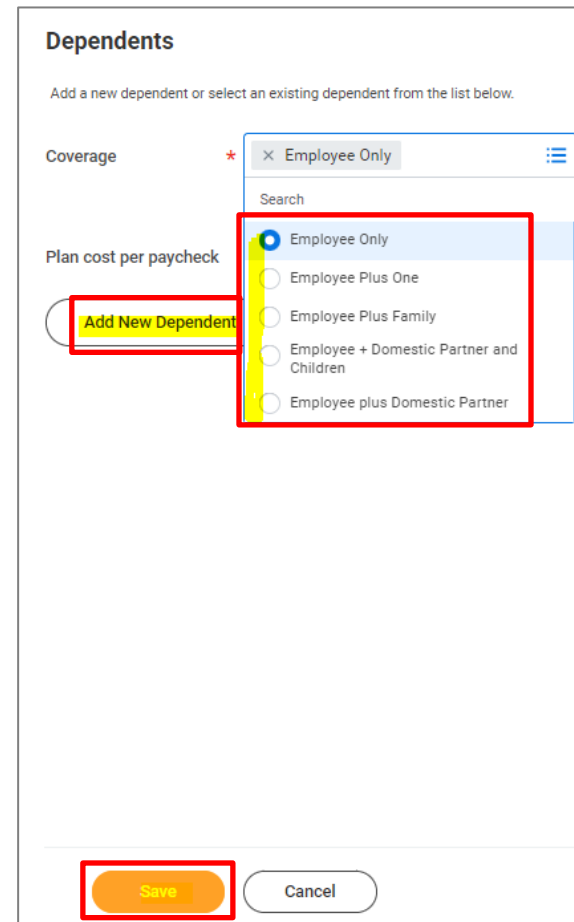


2. If you wish to enroll in the VSP Vision Plan, click **Select** and click **Confirm and Continue**.



3. If you have selected enroll on the previous page, there are more

steps. On the next page, select the **Coverage** level, add any Dependents, if necessary (see [here](#) for the steps), and click **Save**.



## How to add a Dependent

Follow these steps, if you wish to add a Dependent:

1. On the **Coverage** level page for the Benefit plan (Medical, Dental or Vision), select the appropriate Coverage level and then click **Add New Dependent**. You will need to repeat the add new dependent process for each dependent you wish to add.

2. On the pop-up window, click **OK**.

3. On the next page, fill in first the following information about your child.

If they are a full-time student, also check the **Full time Student** checkbox.

4. Scroll down to **National IDs** and click **Add**.

5. Enter the **Country**, **National ID Type** (SSN or ITIN if US), **ID number** (SSN or ITIN if US) and **Issued Date** (if known).

**National IDs**

Click the Add button to enter one or more National Identifiers for this dependent.

Country \*

National ID Type \*

Current ID (empty)

Add/Edit ID \*

Issued Date

Expiration Date

Issued By

Series

Verification Date 02/20/2023

Verified By Elena Nielsen

**Dependents**

Add a new dependent or select an existing dependent from the list below.

Coverage \*

Plan cost per paycheck \$114.50

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	TEST TEST	Child	01/01/1980

6. If you do not have the SSN/ITIN/foreign National ID for your Dependent yet, enter all zeros (e.g. to substitute an SSN, enter 000-00-0000). You **must** add the SSN/ITIN/National ID once you receive it. See [here](#) for the guide on how to do this.

7. Click **Save**.

8. On the next page, ensure the checkbox is checked next to your Dependent’s name and click **Save**.

9. You will then be taken back to the screen with the Benefits cards.

**Please note:**

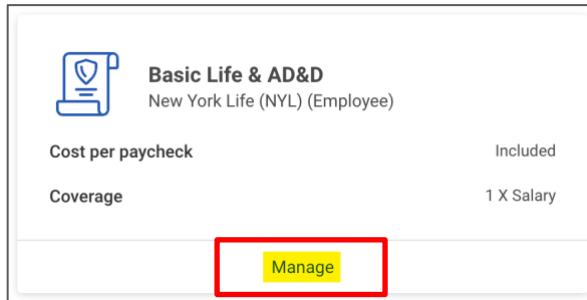
If you wish to enroll your Dependent in another plan, your Dependent will already appear as a Dependent in the list of previously saved Dependents, so **you won’t need to add their details again** – you just **need to select the correct Coverage** level from the drop-down list and **check the checkbox** next to their name).

**Basic Life & AD&D**

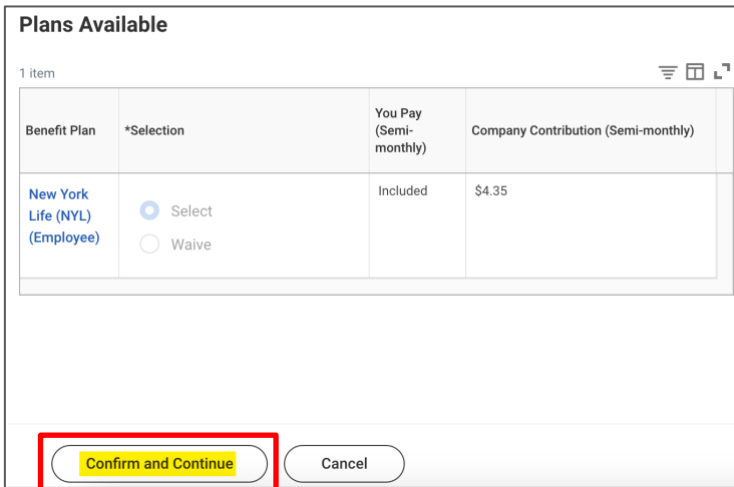
You are automatically enrolled in the Basic Life & AD&D plan, but you need to designate a Beneficiary.

Follow these steps:

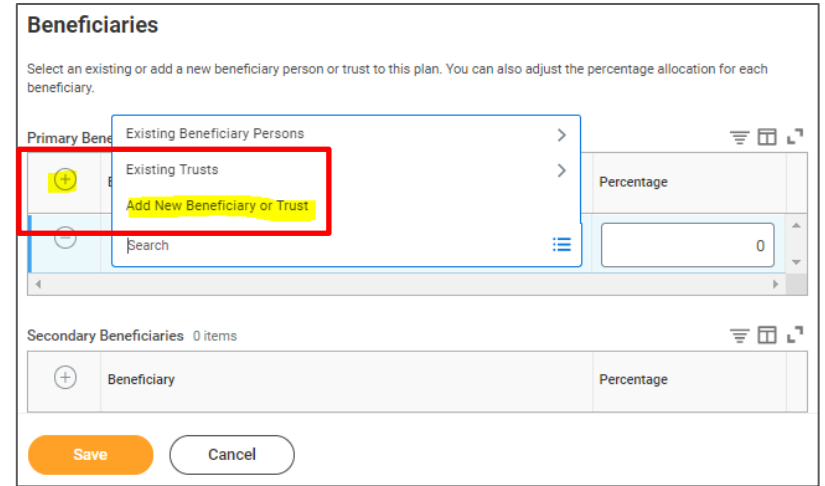
1. On the **Basic Life & AD&D** Benefit card, click **Manage**.



2. Click **Confirm and Continue**.



4. On the next page, click the '+' symbol and then **Add New Beneficiary or Trust**.



3. On the pop-up window, to add a new Beneficiary select **Add New Beneficiary** or **Add New Trust**, depending on the type of Beneficiary you are adding, and then click **Continue**.

**Required Information to enter:**

- Note:** Beneficiaries will require Legal Name [First and Last], Relationship, Country, and Contact Information [address, phone number and email address], to complete a Beneficiary designation. We also recommend adding your Beneficiary's Date of Birth, Legal Sex and National ID too (this is their SSN or ITIN, or National ID from country of citizenship if ineligible for an SSN or ITIN).
- Note:** Trust Beneficiary Designations will require Trust Name, Trustee Name [First and Last]. Additionally, Trust ID, Trust Date, and Contact Information [address, phone number and email address] for Trustee may be provided for ease of administration.

### Add New Beneficiary or Trust

A beneficiary is the person or entity you name to receive and hold assets on behalf of a beneficiary or beneficiaries.

Would you like to add a new beneficiary or trust?

Add New Beneficiary  
 Add New Trust

**Continue** Cancel

5. If adding a New Beneficiary:

### Add New Beneficiary or Trust

Relationship \*

Use as Beneficiary

Date of Birth MM/DD/YYYY

Age (empty)

Legal Sex select one

Allow Duplicate Name

Legal Name Contact Information National IDs Additional Government IDs

Country \* x United States of America

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

**OK** Cancel

Legal Name    Contact Information    National IDs    Additional Government IDs

**Phone**

Add

**Address**

Add

**Email**

Add

**Instant Messenger**

Add

**Web Address**

Add

OK    Cancel

6. If adding a **New Trust** as a Beneficiary:

**Add New Beneficiary or Trust**

Trust Name \*

Trust ID

Trust Date MM/DD/YYYY

**Trustee Contact Information**

**Trustee Name**

Country \* x United States of America

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

Remove

Add

Phone  
Add

Email Address  
Add

Address  
Add

OK Cancel

7. Once you have entered the information, click **OK**.

OK Cancel

8. You will return to this page. Check that your Beneficiary's name appears and then allocate the **percentage** you would like to go to them.

**Beneficiaries**

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries 1 item

Beneficiary	Percentage
Test Test	100

Secondary Beneficiaries 0 items

No Data

Save Cancel

9. Add any further Beneficiaries. Click **Save** when you are done.

*If you have more than one Beneficiary, enter Allocations for Primary and/or Secondary Beneficiary.*

*Percentages MUST total 100%. You may also add additional Beneficiaries to whom you may allocate Secondary Percentage totaling 100%. You may NOT designate the same Beneficiary more than once within a single Benefit plan.*

Primary Beneficiaries 1 item

Beneficiary	Percentage
Minnie Mouse	100

Secondary Beneficiaries 2 items

Beneficiary	Percentage
Mickey Mouse	50
Test Trust	50

10. You will be taken back to the page with the Benefits cards.



## Voluntary AD&D and Term Life plans (optional)

If you also elect any of the following voluntary life insurance plans, you must go into each Benefit card and add at least one Beneficiary on these plans. These plans are:

- Voluntary AD&D – Employee\*
- Voluntary AD&D – Family\*
- Voluntary Term Life

If you wish to add the same Beneficiary(s) as the one(s) you designated on your *Basic Life & AD&D* plan, an existing Beneficiary or Trust can be added by simply selecting the relevant option (**Existing Beneficiary Persons / Existing Trusts**) and clicking on their name.

**Beneficiaries**

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each.

Primary Beneficiary

- Existing Beneficiary Persons >
- Existing Trusts >

Add New Beneficiary or Trust

Search

\* You may only elect **one** Voluntary AD&D Plan (i.e. Employee or Family).

## Voluntary AD&D - Family – Ensure you have eligible Dependents

If enrolling in **Voluntary AD&D – Family** coverage, your spouse/RDP will not be covered after age 70, and your unmarried children will not be covered after age 26. For coverage information, see the [Life & AD&D Insurance page](#) on my USF.

## Dependent Care FSA (optional)

If you do **not** wish to enroll in Dependent Care FSA, you can ignore this Benefit card.

### Important:

Dependent Care FSA elections do **not** automatically continue from year to year; you must actively enroll each year during Open Enrollment.

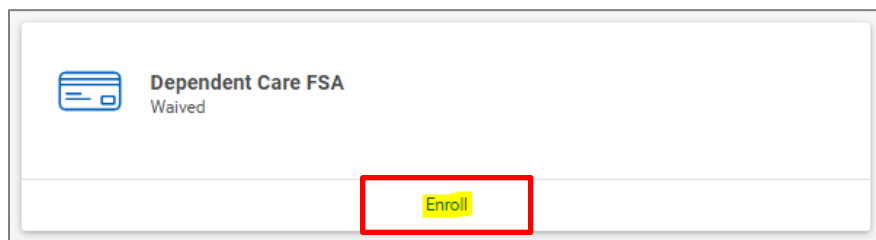
If electing Dependent Care FSA, you are electing an annual amount that will be deducted pre-tax from your paycheck. Please do **not include** any **USF Child Care Subsidy** amount. However, **both** your own contribution plus the subsidy will go towards your Dependent Care FSA, which you can manage on Benefit Resource (BRI).

Funds will be available for claims as they are contributed.

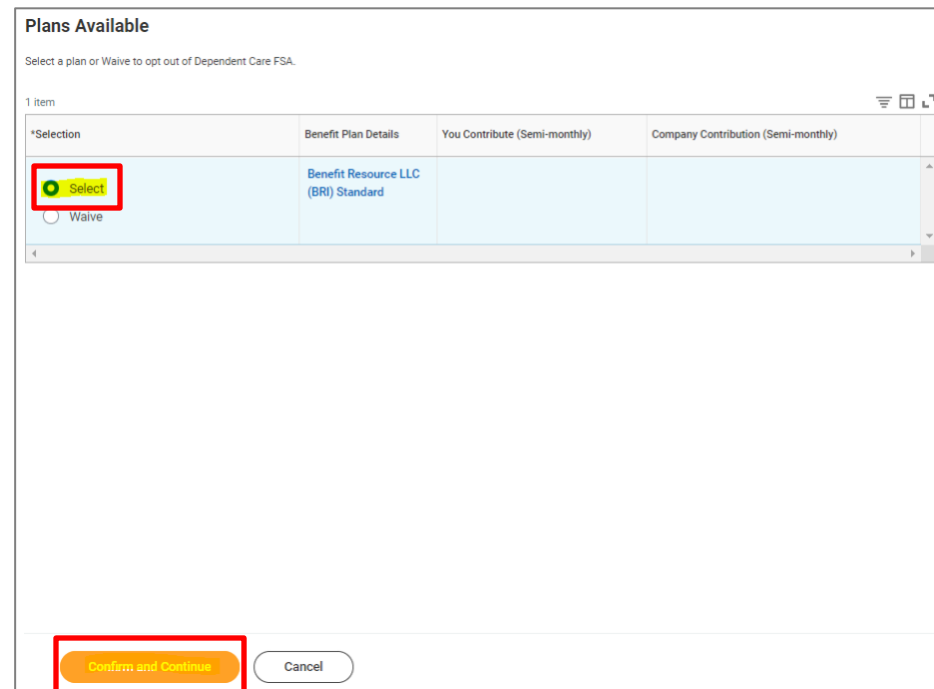
You can find more information about the Child Care Subsidy [here](#) on myUSF.

### Follow these steps if you wish to enroll:

1. On the **Dependent Care FSA** Benefit card, click **Enroll**.



2. Click **Select** and click **Confirm and Continue**.



3. On the next page, enter either an **amount** (either per paycheck or the total annual amount) and click **Save**.

The annual limit per IRS is \$5,000 (\$2,500 if married, filing separately).

**Contribute**

Your estimated contributions made this year 0.00

Per Paycheck	<input type="text" value="0.00"/>	Annual	<input type="text" value="0.00"/>
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Minimum Annual Amount: \$100.00  
Maximum Annual Amount: \$5,000.00

**Summary**

Total Annual Contribution \$0.00

## Healthcare FSA (optional)

If you do **not** wish to enroll in Healthcare FSA, you can ignore this Benefit card.

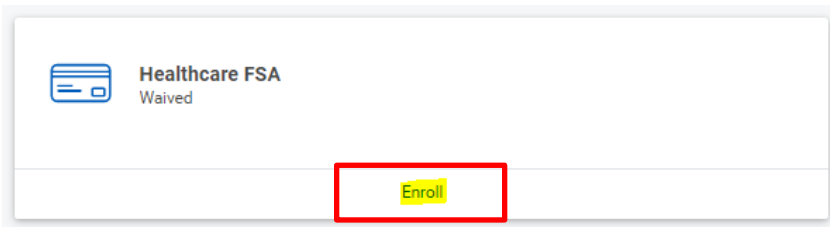
### Important:

Healthcare FSA elections do **not** automatically continue from year to year; you must actively enroll each year during Open Enrollment.

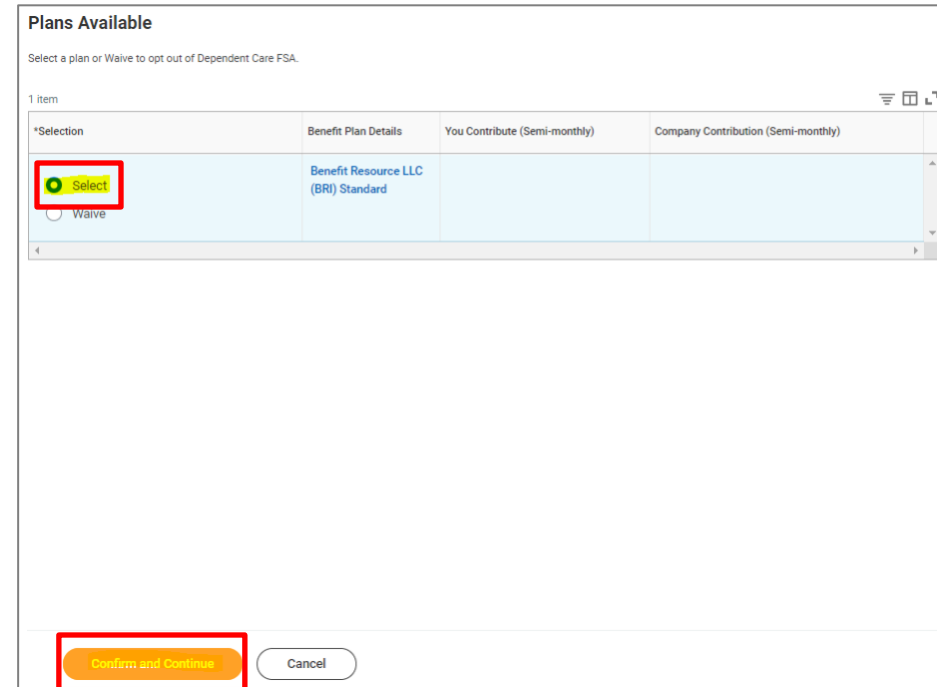
If electing Healthcare FSA, you are electing an annual amount that will be deducted from your paycheck pre-tax, although the total annual amount you elect will be available to you immediately. You can manage your Healthcare FSA on Benefit Resource (BRI).

### Follow these steps if you wish to enroll:

1. On the **Healthcare FSA** Benefit card, click **Enroll**.



2. Click **Select** and click **Confirm and Continue**.



3. On the next page, enter either an **amount** (either per paycheck or the total annual amount) and click **Save**.

Please check the [Benefits Guide](#) for the latest annual limit per IRS.

**Contribute**

Your estimated contributions made this year 0.00

Per Paycheck  Annual

Minimum Annual Amount: \$100.00  
Maximum Annual Amount: \$3,050.00

**Summary**

Total Annual Contribution \$0.00

### TIAA Retirement Healthcare Savings Plan – Employee contribution (optional)

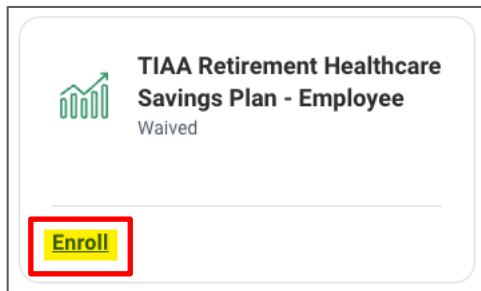
USF will make its own contributions into a plan for you if you are aged 40 or over (10-year vesting period).

You can make your own post-tax contributions if you are aged 21 or over.

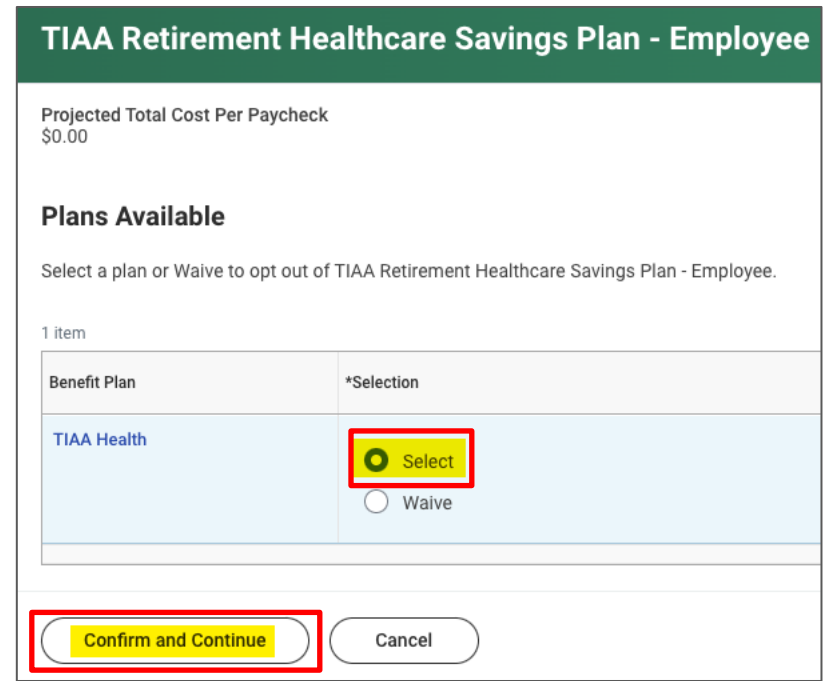
If you do **not** wish to enroll in contribute your own post-tax dollars into your TIAA Retirement Healthcare Savings Plan, you can ignore this Benefit card.

#### Follow these steps if you wish to enroll:

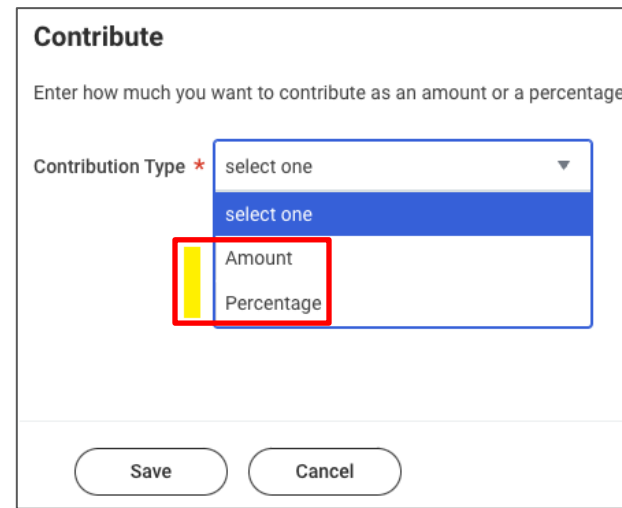
1. On the **TIAA Retirement Healthcare Savings Plan - Employee** Benefit card, click **Enroll**.



2. Click **Select** and click **Confirm and Continue**.



3. On the next page, select either **Amount** or **Contribution** from the drop-down list.



4. Enter the per paycheck **contribution amount** (e.g. \$50.00) and click **Save**.

### Contribute

Enter how much you want to contribute as an amount or a percentage.

Contribution Type \* Amount

Per Paycheck Contribution (\$) 0.00

Minimum Amount: \$0.50  
Maximum Amount: \$50,000.00

**Save** Cancel

## Further Benefits information

You can find more information on USF benefits here on myUSF: <https://myusf.usfca.edu/human-resources/benefits>

On that page, you can also find a link to the latest **Benefits Guide** in the **Quick Links** section:

## Benefits Team contact information

Please contact a USF Benefits Representative if you have further questions at [benefits@usfca.edu](mailto:benefits@usfca.edu) or dial (415) 422-2442.

For inquiries concerning:

- a general HR issue, please email [humanresources@usfca.edu](mailto:humanresources@usfca.edu)
- leaves, please email [leaves@usfca.edu](mailto:leaves@usfca.edu)
- payroll, please email [payroll@usfca.edu](mailto:payroll@usfca.edu)
- retirement, please email [retirementplan@usfca.edu](mailto:retirementplan@usfca.edu)
- Tuition Remission, please email [tuitionremission@usfca.edu](mailto:tuitionremission@usfca.edu)