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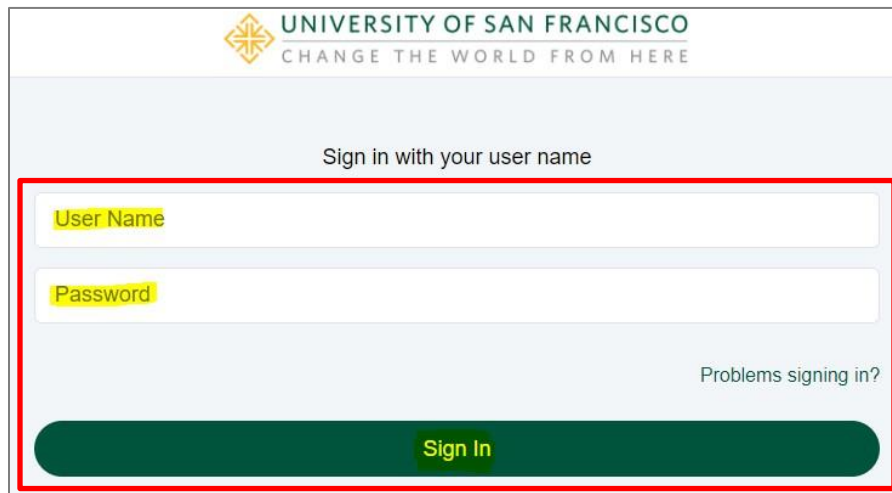
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How to make your Benefit Elections

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

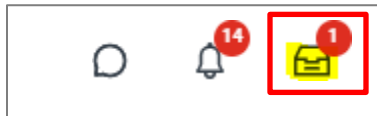
Follow these steps:

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

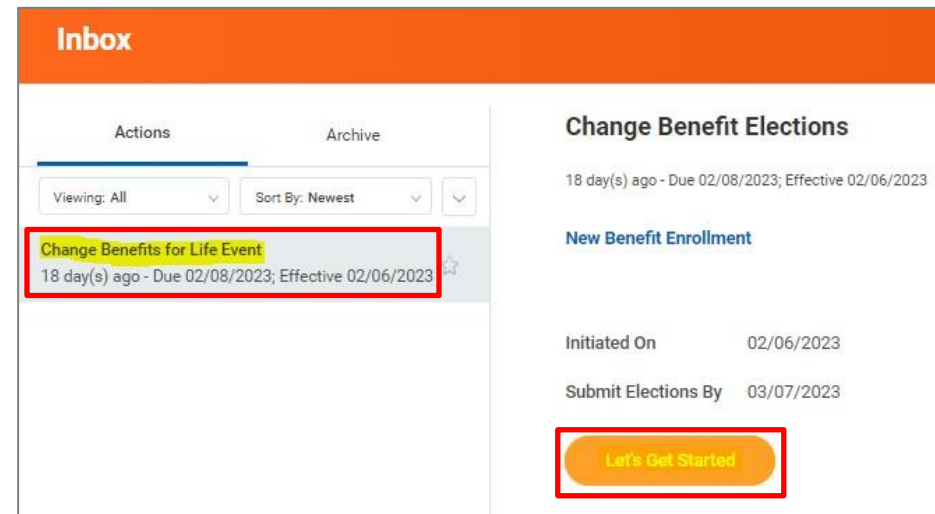


The image shows the USFWorks login page. At the top is the University of San Francisco logo and tagline "CHANGE THE WORLD FROM HERE". Below this is a section titled "Sign in with your user name". It contains two input fields: "User Name" and "Password", both highlighted in yellow. Below the password field is a link that says "Problems signing in?". At the bottom of the login section is a large green button labeled "Sign In", which is also highlighted in yellow. The entire login section is enclosed in a red rectangular border.

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
- Emeriti Retirement Health Plan – Employee

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

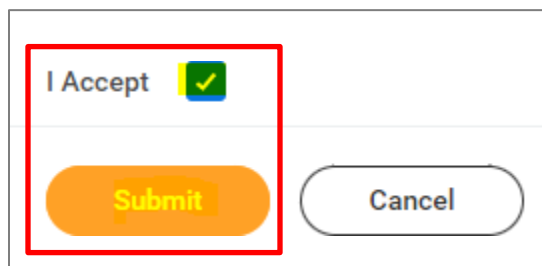
The following are employer-paid plans for which no action is required:

- Long Term Disability (LTD)
- 401 (a) Defined Contribution Plan
- Emeriti Retirement Health 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**.

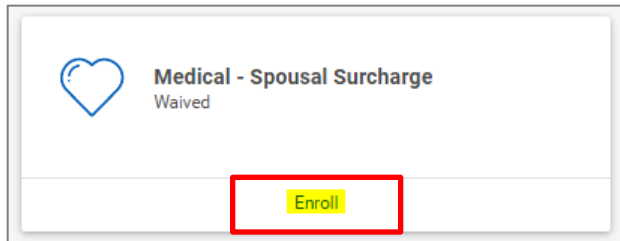


7. On the next page, click **Done**.
8. Your submission will be automatically routed to your HR Benefits partner for processing.

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"/> Select <input type="radio"/> Waive	- Does your spouse or domestic partner have access to other coverage?	Included	\$0.00

Confirm and Continue Cancel

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

Plan cost per paycheck

Search

☐ 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

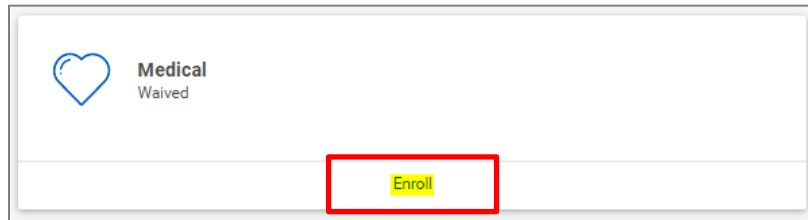
Save

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**.

 A screenshot of the "Plans Available" selection screen. It shows a table with three rows of plans. The first two rows are "Anthem Blue Cross PPO" and "Kaiser Permanente HMO NorCal", both with "Waive" selected. The third row is "University of San Francisco Waiver", also with "Waive" selected. A red box highlights the "Waive" radio buttons for all three plans. At the bottom, a yellow button labeled "Confirm and Continue" is highlighted with a red rectangular box, next to a "Cancel" button.

*Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Anthem Blue Cross PPO	\$30.00	\$576.61
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Kaiser Permanente HMO NorCal	\$28.00	\$353.19
<input type="radio"/> Select <input checked="" type="radio"/> Waive	University of San Francisco Waiver	Included	\$0.00

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

Plan cost per paycheck

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

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.

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



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

Inbox

Actions Archive

Viewing: All Sort By: Newest

Benefit Change - New Hire on 08/01/2023
20 second(s) ago - Effective 08/01/2023

- On the right-hand side of the 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:

- 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 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, click **Enroll** on the **Dental** Benefit card.

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**.

*Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input checked="" type="radio"/> Select	Delta Dental DPO	\$1.50	\$87.02
<input type="radio"/> Waive			

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

Dependents

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

Coverage × Employee Only

Search

Plan cost per paycheck

☒ Employee Only

☐ Employee Plus One

☐ Employee Plus Family

☐ Employee + Domestic Partner and Children

☐ Employee plus Domestic Partner

Add New Dependent

Save Cancel

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

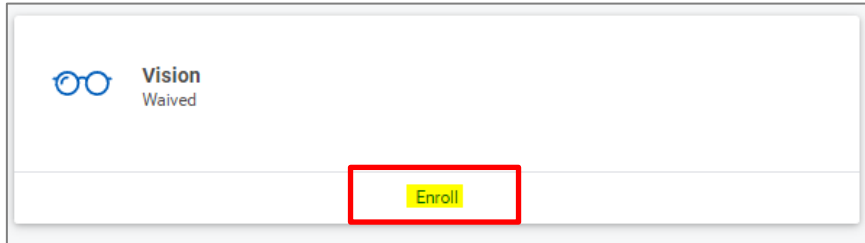


Vision

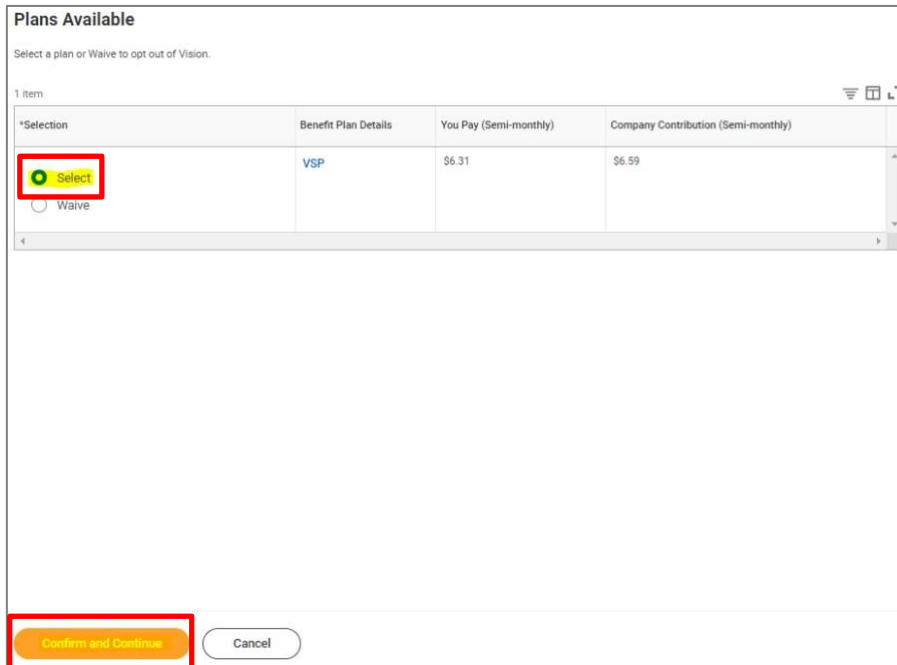
Follow these steps:

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

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



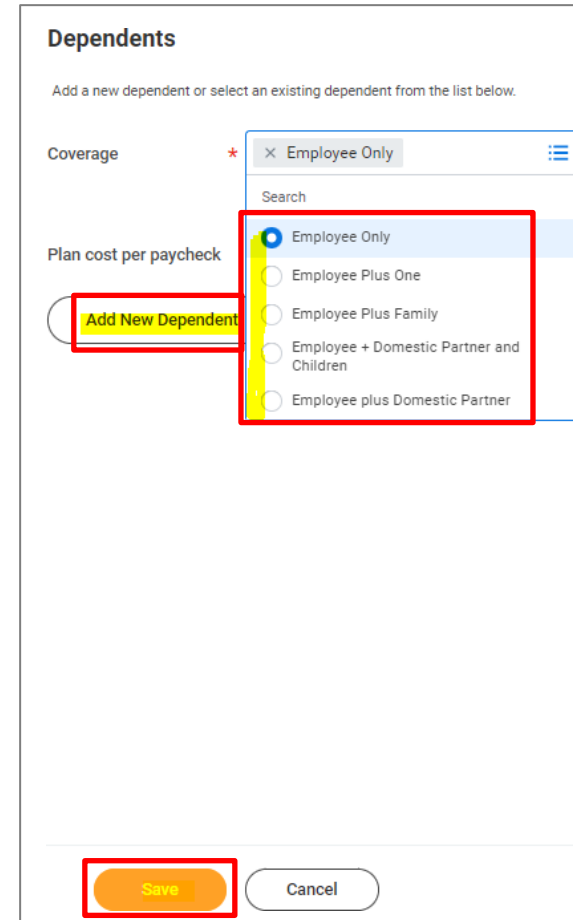
2. If you wish to enroll in the VSP Vision Plan, click **Select** and click **Confirm and Continue**.



*Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input checked="" type="radio"/> Select	VSP	\$6.31	\$6.59
<input type="radio"/> Waive			

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.

Dependents

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

Coverage * Employee Plus One

Search

Plan cost per paycheck

Add New Dependent

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

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

Add My Dependent From Enrollment

Instructional Text
Click OK to add dependents.

OK Cancel

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.

Add My Dependent From Enrollment

Name

Country * United States of America

Prefix

First Name *

Middle Name

Last Name *

Suffix

Allow Duplicate Name ☐

Personal Information

Relationship *

Date of Birth * MM/DD/YYYY

Age (empty)

Legal Sex * select one

Full-time Student ☐

Student Status Start Date

Student Status End Date

Disabled ☐

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

National IDs

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

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

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**.

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

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 beneficiary.

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 * × 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

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

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

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

Beneficiary	Percentage
No Data	

Save Cancel

9. Add any additional 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
Movie Mouse	100

Secondary Beneficiaries 2 items

Beneficiary	Percentage
Mickey Mouse	50
Test Trust	50

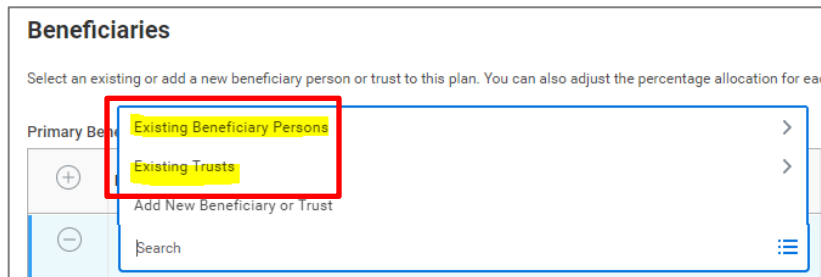
10. You will be taken back to the page with the Benefits cards.

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.



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

Voluntary Dependent Term Life (optional)

If you do **not** wish to enroll in Voluntary Dependent Term Life, you can ignore this Benefit card.

You can enroll in Voluntary Dependent Term Life when making your New Hire Benefit Elections or during Open Enrollment. You can also decide to disenroll during Open Enrollment.

The enrollment process does **not** ask you to add Dependents to the plan.

Any **eligible** Dependent you have will be covered: They do **not** need to be listed as a Dependent on your Medical, Dental or Vision plan, nor be listed as a Beneficiary on any other USF life insurance in which you are enrolled. Eligible Dependents are:

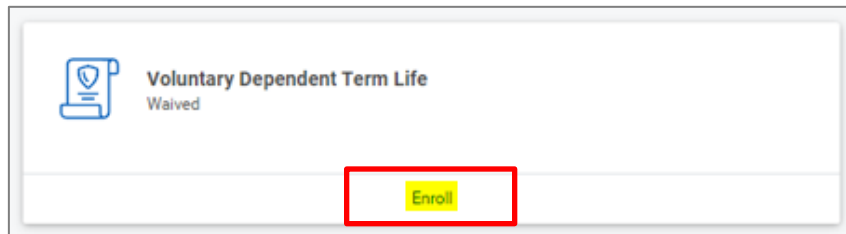
- Spouse/RDP under the age of 70 (\$5,000 coverage)
- Unmarried child up to the age of 26 (\$2,000 coverage if 6 months old or over, \$500 coverage if less 6 months old)

If any of your Dependents become ineligible, you **must** inform the Benefits Team in writing at benefits@usfca.edu.

Follow these steps if you wish:

To enroll

1. On the **Voluntary Dependent Term Life** card, click **Enroll**.



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

Plans Available

Select a plan or Waive to opt out of Voluntary Dependent Term Life.

1 item

*Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	CIGNA (Employee)	\$0.70	

Confirm and Continue **Cancel**

3. On the next page, click **Save**.

Coverage

Calculated Coverage \$0.01

Coverage \$0

Plan cost per paycheck \$0.70

Insurance Instructions

General Instructions

For a summary of the benefit plan options available to you, please review the [2023 Benefits Guide](#). For assistance with Open Enrollment please visit the [Open Enrollment benefits page](#)

Important Reminders:

- Please note: You are automatically enrolled in Basic Life and Long Term Disability as both plans are paid by the Employer
- You may only elect one Voluntary AD&D Plan (Employee or Family)
- You will receive notification from New York Life (formerly Cigna) regarding completing an Evidence of Insurability (EOI).
- You may only cover your spouse OR domestic partner and your eligible dependent children.
- Designate your beneficiary for Life Insurance coverage (required)
- Your Coverage Begin date will begin on the First of the Month following the Event Date. For example if you are hired on 1/16/2023 benefits will start on 2/1/2023.
- Your Deduction Begin date will begin on the First of the Month following the Event Date. For example if your coverage begin date starts 2/1/2023, your deduction begin date would be 2/22/2023 and for monthly payroll it would be on the pay date for that month.

Save **Cancel**

Dependent Care FSA (optional)

If you do **not** wish to enroll in a 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.

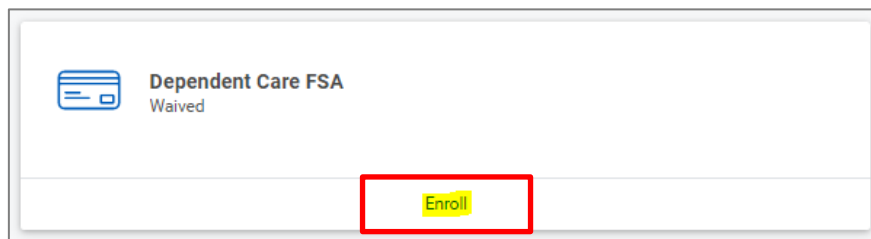
If electing Dependent Care FSA, you are electing an annual amount that will be deducted pre-tax from your paycheck. Please do **not** include any **USF Child Care Subsidy** amount. However, **both** your own contribution plus the subsidy will go towards your Dependent Care FSA, which you can manage on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

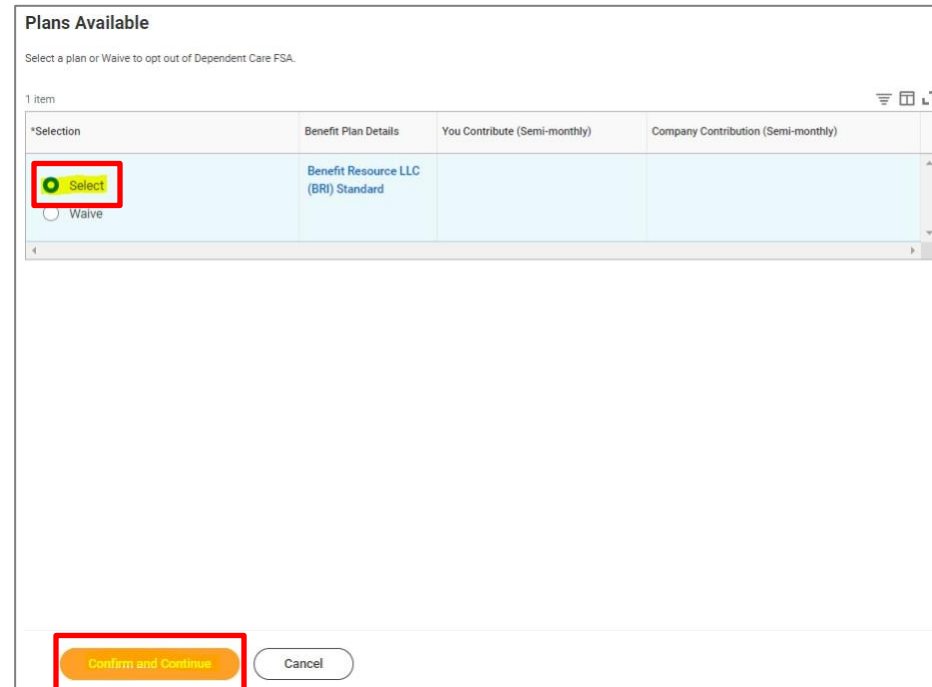
Follow these steps if you wish to enroll:

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



The screenshot shows a card titled "Dependent Care FSA" with a status of "Waived". At the bottom right of the card, there is a yellow button labeled "Enroll" which is highlighted with a red rectangular box.

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



The screenshot shows the "Plans Available" section with the instruction "Select a plan or Waive to opt out of Dependent Care FSA." Below this is a table with 1 item. The table has four columns: "Selection", "Benefit Plan Details", "You Contribute (Semi-monthly)", and "Company Contribution (Semi-monthly)". The first row shows the "Benefit Resource LLC (BRI) Standard" plan. The "Selection" column has a radio button labeled "Select" (which is highlighted with a red box) and another radio button labeled "Waive". At the bottom of the form, there are two buttons: "Confirm and Continue" (highlighted with a red box) and "Cancel".

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

0.00

Annual

0.00

Minimum Annual Amount: \$100.00

Maximum Annual Amount: \$5,000.00

Summary

Total Annual Contribution \$0.00

Save

Cancel

Healthcare FSA (optional)

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

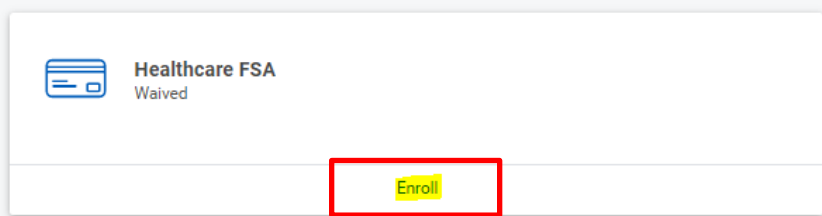
Important:

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).

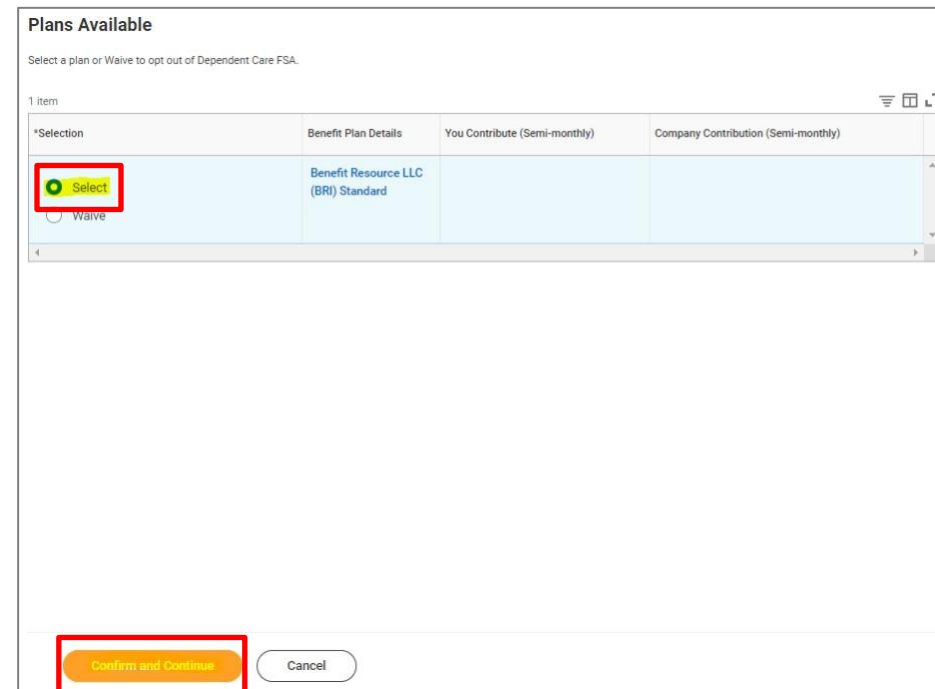
Follow these steps if you wish to enroll:

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



The screenshot shows a 'Healthcare FSA' card with a 'Waived' status. At the bottom right, there is a yellow 'Enroll' button, which is highlighted with a red rectangular box.

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



The screenshot shows the 'Plans Available' section. It includes a table with columns: *Selection, Benefit Plan Details, You Contribute (Semi-monthly), and Company Contribution (Semi-monthly). The first row shows the 'Benefit Resource LLC (BRI) Standard' plan selected, indicated by a green circle and the word 'Select' in a yellow box. Below the table, there is a yellow 'Confirm and Continue' button, which is highlighted with a red rectangular box, and a grey 'Cancel' button.

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 year0.00

Per Paycheck

0.00

Annual

0.00

Minimum Annual Amount: \$100.00

Maximum Annual Amount: \$3,050.00

Summary

Total Annual Contribution\$0.00

Save

Cancel

Emeriti Retirement Health Plan – Employee contribution (optional)

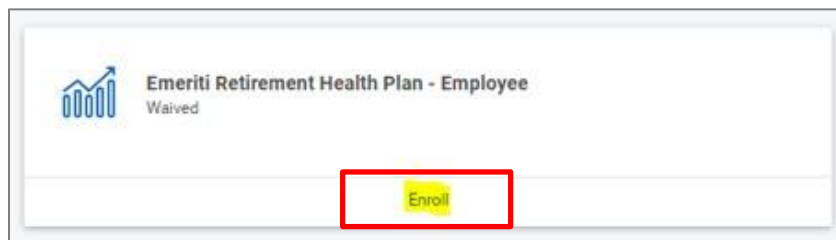
USF will make its own contributions into a plan for you if you are aged 40 or over (10-year vesting period).

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

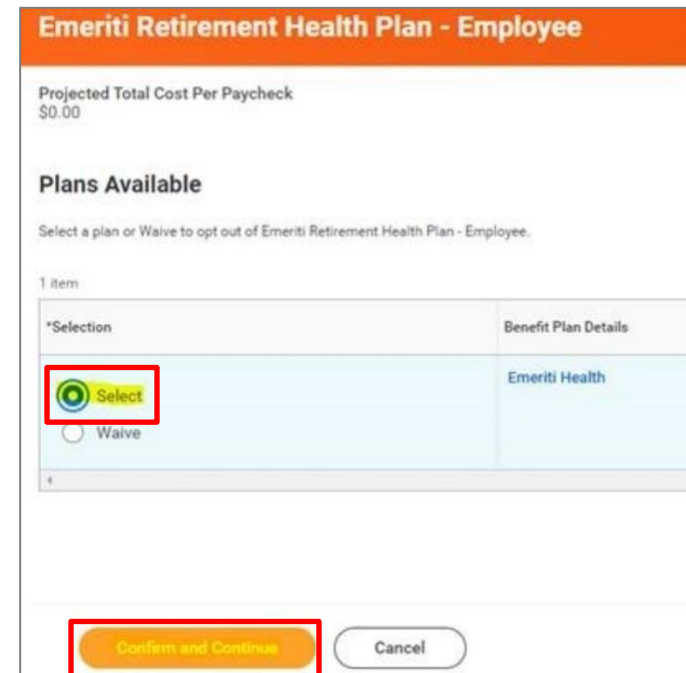
If you do **not** wish to enroll in contribute your own post-tax dollars into your Emeriti Retirement Health Plan, you can ignore this Benefit card.

Follow these steps if you wish to enroll:

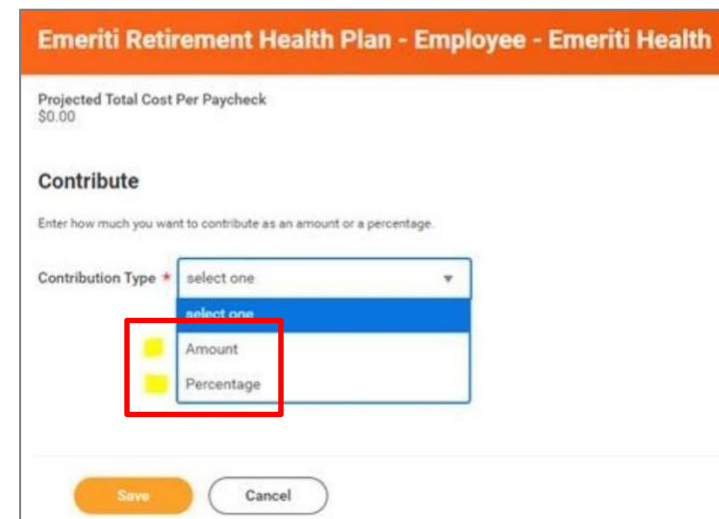
1. On the **Emeriti Retirement Health Plan - Employee** Benefit card, click **Enroll**.



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 (\$) 50.00

Minimum Amount: \$0.50

Maximum Amount: \$200,000.00

Save Cancel

Further Benefits information

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

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

Employee Benefits

The University of San Francisco offers a competitive and comprehensive benefits package for eligible faculty, staff, and their families through its 25+ benefits and wellness programs.

Contact the Benefits team at either benefits@usfca.edu or at (415) 422-2442.

What do we offer?

- Childcare Subsidy
- Commuter Benefits
- Disability Insurance
- Employee Assistance Program (EAP)
- Ergonomics Education
- Flexible Spending Accounts
- Life and Accident Insurance
- Long-Term Care Insurance
- Medical, Dental, and Vision Insurance
- Public Service Loan Forgiveness (PSLF)
- Rent and Relocation Reimbursement*
- Retirement and Financial Planning
- Time Away from USF
- Tuition Benefits
- SF Healthcare Security Ordinance (SFHCSO)**
- Wellness Benefits
- Workers' Compensation
- Additional Benefits***

HUMAN RESOURCES QUICK LINKS

- 2023 Benefits Guide**
- New Employees
- Managers
- Careers at USF
- About HR
- Payroll
- USFWorks

CONTACT HUMAN RESOURCES

Lone Mountain Main
Room 339
Currently operating remotely
Hours: BY APPOINTMENT ONLY

Benefits Team contact information

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

For inquiries concerning:

- a general HR issue, please email humanresources@usfca.edu
- leaves, please email leaves@usfca.edu
- payroll, please email payroll@usfca.edu
- retirement, please email retirementplan@usfca.edu
- Tuition Remission, please email tuitionremission@usfca.edu