Contents

How to report Qualifying Events (general explanation)	2
Birth or Adoption of Child	4
Marriage/Registered Domestic Partnership	8
Update your marital status	12
Divorce/Dissolution of Registered Domestic Partnership	15
Change your ex-spouse/ex-RDP's relationship status	18
Update your marital status	20
Dependent Gains Coverage Elsewhere	23
You Gain Coverage Elsewhere	
Medical Spousal Surcharge – amend selected option	
Forms required if selecting the University of San Francisco Waiver	27
Dependent Loses Coverage Elsewhere	
You Lose Coverage Elsewhere	
Dependent Passes Away	
View or amend retirement savings contributions – 403(b)	
View existing Flexible Spending Accounts (FSA)	
FSA enrollment due to a consistent Qualifying Event	
To enroll in Healthcare FSA	
To enroll in Dependent Care FSA	
Further Benefits information	
Benefits Team contact information	



Within USFWorks, you can manage your Benefits by reporting <u>Qualifying Events</u> to make coverage changes and viewing your Benefit Elections.

How to report Qualifying Events (general explanation)

Life events do not always line up with enrollment periods. If you need to change your coverage because of a birth, death, marriage, divorce, or similar life event (known as <u>Qualifying Events</u>), you can change your Benefits to better fit your needs.

You need to make the change **within 30 days** of the Qualifying Event, otherwise you will need to wait until the next Open Enrollment period.

- If you are adding child dependents, please upload proof of birth or adoption for each child.
- If you are adding a spouse or registered domestic partner, please upload proof of marriage or registered domestic partnership.
- If you are dropping a dependent due to coverage elsewhere, you will need upload proof of other healthcare coverage.
- If you are dropping a dependent due to a divorce, you will need to upload proof of divorce/legal separation and change your dependent from spouse to ex-spouse (or domestic partner to ex-domestic partner) in the dependent worklet.

Follow these steps:

1. Log in to USFWorks and click Benefits and Pay.





2. On the next page, under Tasks and Reports, select Change Benefits.



- 3. On the next page:
 - a) Select the Change Reason
 - b) Enter the **Benefit Event Date** (e.g. date of birth of new child, date of marriage)
 - c) Attach required documents, if applicable
 - d) Click Submit.

Change Benefits
Daruge Research Beneficiary Diange Image: Daruge Constraints Daruge Constraints Daruge Constraints Distribution of Registrational Distributions Gain Offerer Converger Distributions Distribution of Registrational Distributions Lass of Other Converger Distributions Marriage Registrated Distributions Distributions Distributions Distribution France Distribution France
Team of Store or Adaption, * (#1/41/2004 (23))
Submit Sections By 95/35/353.4 Benefits Offend Dependent Carss FLA. HeadPoint FLA. Medical Medical-Second Sections & Marine (D)
Drop files here
evite your contrast
(Internet Canal

4. A pop-up window will appear stating you have submitted. Click **Open**.

You have su	ubmitted
Up Next: View Details	. , Change Benefit Elections
Open	

(If the pop-up window closes before you can click Open, you can find the task in your USFWorks Inbox – just click the **Benefit Event** message and then on **Let's Get Started**).



- 5. Complete and submit the task.
 - a) Complete and continue through all required screens.
 - b) Once you have done so, click **Review and Sign**.
 - c) Check the **I Agree** checkbox, to provide an electronic signature, confirming your changes.
 - d) Click Submit.
 - e) On the next page, click **Done** to complete the task.

Adjunct faculty who are enrolled in the adjunct faculty Kaiser plan, please reach out to <u>benefits@usfca.edu</u> if you wish to make Qualifying Event change.

Birth or Adoption of Child

Follow these steps:

- 1. On the Change Benefits page:
 - a) Select Birth or Adoption as the Change Reason
 - b) Enter the Date of Birth or Adoption
 - c) Attach proof of date of birth or adoption (required)
 - d) Click Submit.
- A pop-up window will appear stating you have submitted. Click **Open**.

You have subr	mitted
Up Next: . View Details	, Change Benefit Elections

3. On the next page, click Let's Get Started.



(If the pop-up window closes before you can click Open, you can find the task in your USFWorks Inbox – just click the **Benefit Event** message and then on **Let's Get Started**).

4. On the page with the Benefit cards, go into each Benefit you wish to add your child to (Medical, Dental and/or Vision) in order to add them as a Dependent.



For example, Medical: Under the Medical card, click Manage.



5. Click Confirm and Continue.

ny. Items			東日の
Selection	Benefit Plan Details	You Pay (Semi- monthly)	Company Contribution (Semi-monthly)
SelectWaive	Anthem Blue Cross PPO	\$35.00	\$571.61
 Select Waive 	Kaiser Permanente HMO NorCal	\$31.50	\$349.69
	University of	Included	\$0.00

6. On the next page:

- If your plan is currently *Employee Only*, select *Employee Plus One* from the drop-down list.
- If your plan is currently *Employee Plus One*, select *Employee Plus Family* from the drop-down list.

- If your plan is currently *Employee Plus Family*, leave it as *Employee Plus Family*.
- If your plan is currently *Employee plus Domestic Partner*, select *Employee* + *Domestic Partner and Children*.

Then click Add New Dependent.

Dependents	5	
Add a new depend	lent or select an existing dependent from the list b	elow.
Coverage	* Employee Plus One	Ξ
Plan cost per pa	ycheck \$114.50	
Add New D	ependent	

7. On the pop-up window, click OK.

Add My Dependent From Enrollment	
Instructional Text Click OK to add dependents.	
Cancel	

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

Name		Personal Info	rmation
Country * Vnited States of	f America	Relationship	*
Profix	=	Date of Birth	* MM/DD/YYYY
First Name +		Age	(empty)
Middle Name		Legal Sex	* select one
.ast Name *		Full-time Student Student Status Stat	rt Date
Suffice	=	Student Status End	Date
		Disabled	

9. 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	

 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 *	× United States of America ∷Ξ
National ID Type *	× Social Security Number (SSN)
Current ID	(empty)
Add/Edit ID *	555-55-5555
Issued Date	<mark>01/09/2023</mark>
Expiration Date	MM/DD/YYYY
Issued By	
Series	
Verification Date	02/20/2023
Verified By	Elena Nielsen
Remove	

- 11. If you do not have the SSN/ITIN/foreign National ID for your child 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 <u>here</u> for the job aid on how to do this.
- 12. Click Save.



13. On the next page, ensure the checkbox is checked next to your child's name and click **Save**.

Coverage	* ×	Employee Plus One	i	
Plan cost j	per paycheck \$11	1.50		
Add 1	New Dependent			≠⊡.
Add 1 1 dem Select	New Dependent	Relationship	Date of Birth	≂⊡.
Add 1 1 item Select	New Dependent Dependent TEST TEST	Relationship	Date of Birth 01/01/1980	₹ Œ L

- **14.** You will then be taken back to the screen with the Benefits cards.
- 15. Repeat the same steps for Dental and/or Vision, if you wish to enroll your child in these plans (although your child will already appear as a Dependent in the list, 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).
- **16.** Once you are done, on the page with the Benefits cards, click **Review and Sign**.



17. On the next page, review to make sure everything is correct, read the legal notice, **check the checkbox** next to *I Accept*, and click **Submit**.





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



Marriage/Registered Domestic Partnership

Follow these steps:

- 1. On the Change Benefits page:
 - a) Select Marriage/Registered Domestic Partner as the Change Reason
 - b) Enter the Date of Marriage or RDP Certification
 - c) Attach proof of marriage / registration of registered domestic partnership (required)
 - d) Click Submit.
- 2. A pop-up window will appear stating you have submitted. Click **Open**.



3. On the next page, click Let's Get Started.



(If the pop-up window closes before you can click Open, you can find the task in your USFWorks Inbox – just click the **Benefit Event** message and then on **Let's Get Started**).

4. On the page with the Benefit cards, if you are enrolling your



spouse/RDP on your Medical plan, you need to update your Medical Spousal Surcharge option first. Under the **Medical – Spousal Surcharge** card, click **Manage**.

\bigcirc	- Does your to other co	 Spousal Surcha r spouse or domestic verage? 	arge c partner have access
Cost per p	aycheck		Include
Coverage			
	_	Manage	
		Manage	

5. 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 a	assumes coverage for No, I am	not covering a spouse or domestic p	partner	
1 item				≣ 🗆 . "
*Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)	
Select Waive	- Does your spouse or domestic partner have access to other coverage?	Included	\$0.00	•
4				
Confirm and Continue Canc	vel			

8

- 6. On the next page, select the option which applies to you from the **Coverage** drop-down list and click **Save**.
 - 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)

Medical - Spousal Surcharge - - Does your

Coverage	*	Sea	rch	:=
Plan cost per payched	sk	0	No, I am not covering a spouse or domestic partner.	
	ſ	0	No, my spouse or domestic partner does not have access to other coverage	
		0	Yes, my spouse or domestic partner has access to other coverage	
		0	l am not enrolling in a USF medical plan	

7. Then, go into each Benefit you wish to add your spouse/RDP to (Medical, Dental and/or Vision) in order to add them as a Dependent.

For example, Medical: Under the **Medical** card, click **Manage**.



Last revision date: December 3, 2024

Kaiser Perma	nente HMO NorCal
Cost per paycheck	\$31.50
Coverage	Employee Only

8. Click Confirm and Continue.

elect a plan or Walve to opt out of nly.	Medical. The displayed o	ost of waive	d plans assumes coverage for Employee
items			⇒⊡.
Selection	Benefit Plan Details	You Pay (Semi- monthly)	Company Contribution (Semi-monthly)
SelectWaive	Anthem Blue Cross PPO	\$35.00	\$571.61
 Select Waive 	Kaiser Permanente HMO NorCal	\$31.50	\$349.69
~ .	University of	Included	\$0.00

9. On the next page, select:

If married:

- If your plan is currently *Employee Only*, select *Employee Plus One* from the drop-down list
- If your plan is currently *Employee Plus One*, select *Employee Plus Family* from the drop-down list.



• If your plan is currently *Employee Plus Family*, leave it as *Employee Plus Family*.

If in an RDP:

- If your plan is currently *Employee Only*, select *Employee plus Domestic Partner* from the drop-down list
- If your plan is currently *Employee Plus One* (you and your child), select *Employee* + *Domestic Partner and Children* from the drop-down list.
- If your plan is currently *Employee Plus Family* (you and your children), select *Employee* + *Domestic Partner and Children*.

Then click Add New Dependent.

Dependents		
Add a new dependent or	select an existing dependent from the list be	low.
Coverage	* Employee Plus One	=
Plan cost per payche	ck \$114.50	
Add New Depen	dent	
Add New Depen	dent	

10. On the pop-up window, click OK.

Instructional Click OK to a	Text. id dependents.	

11. On the next page, fill in the following information about your spouse/RDP.

National IDs

Name	Personal Information
Country * X United States of America	Relationship *
Prefix	Date of Birth * MI/DD/YYYY
First Name *	Age (empty)
Middle Name	Legal Sex * Exelect one *
.ast Name *	Full-time Student
Sulfax 🗮	Student Status End Date
	Disabled

12. 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

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

Country	* × United States of America
National ID Type	* Social Security Number (SSN)
Current ID	(empty)
Add/Edit ID	* 555-55-5555
issued Date	01/01/1988 🛅
Expiration Date	MM/DD/YYYY
Issued By	
Series	
Verification Date	01/26/2023

14. Scroll down to enter your spouse/RDP's address and phone number, if needed.

Address		Phone & Email	
Use Existing Add	ress 🔀	Use Existing Phone	
Country	· United States of America	Country Phone Code United States of America (+1)	
Address Line 1	xx	Phone Number XX	
Address Line 2		Phone Extension	
City	XX	Email Address	
State	XX		
Postal Code	хх		
County			

15. Click Save.





16. On the next page, ensure the checkbox is checked next to your spouse/RDP's name and click **Save**.

Coverage	* × E	mployee Plus One	: =		
Plan cost (per paycheck \$114.5	ó			
Add	New Dependent				
l item				Ŧ	
l item Select	Dependent	Relationship		Date of Birth	
l item Select	Dependent TEST TEST	Relationship			

- **17.** You will then be taken back to the screen with the Benefits cards.
- 18. Repeat the same steps for Dental and/or Vision, if you wish to enroll your spouse/RDP in these plans (although your spouse/RDP will already appear as a Dependent in the list, 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).
- **19.** Once you are done, on the page with the Benefits cards, click **Review and Sign**.



20. On the next page, review to make sure everything is correct, read the legal notice, **check the checkbox** next to *I Accept*, and click



Submit.



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

Update your marital status

You will now need to update your marital status in USFWorks.

1. Log in to USFWorks and click View All Apps.



2. On the next page, click **Personal Information**.



3. On the next page, in the **Change** box, click **Personal Information**.





 On the next page, scroll down to the Marital Status section and click the pencil symbol.



5. Click the drop-down menu and select your new marital status.

Marital Status

Marital Status



6. Then, enter the **date of the marital status change** and click on the **check** symbol.

Marital Status		A
Search	:=	v. v
X Newly selected option a	ppears here	
Marital Status Date		

7. Scroll down to the bottom of the page, **enter a comment** if you wish, and then click **Submit**.

enter your comment
Attachments
Drop files here
or
Select files
Submit Save for Later Cancel



Divorce/Dissolution of Registered Domestic Partnership

Follow these steps:

- 1. On the Change Benefits page:
 - a) **Divorce/Dissolution of Registered Domestic Partnership** as the **Change Reason**
 - b) Enter the Date of Divorce or RDP Dissolution
 - c) Attach proof of date of divorce / dissolution of registered domestic partnership (required)
 - d) Click Submit.
- 2. A pop-up window will appear stating you have submitted. Click **Open**.



3. On the next page, click Let's Get Started.



(If the pop-up window closes before you can click Open, you can find the task in your USFWorks Inbox – just click the **Benefit Event** message and then on **Let's Get Started**).



 On the page with the Benefit cards, if your ex-spouse/ex-RDP is currently enrolled in your USF Medical Plan, you will need to remove them. This also means that you will need to update the option which applies to you for the Spousal Surcharge. Under the Medical – Spousal Surcharge card, click Manage.

\bigcirc	Medical - Spousal Surcharge - Does your spouse or domestic partner have access to other coverage?		
Cost per pa	aycheck	Included	
Coverage			
	Manage		

5. 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 a	assumes coverage for No, I an	not covering a spouse or domestic	partner	
1 item				≣ 🗆 🖓
*Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)	
Select Waive	- Does your spouse or domestic partner have access to other coverage?	Included	\$0.00	
4				+
Confirm and Continue Cano	vel			

- 6. On the next page, select the option which applies to you from the **Coverage** drop-down list and click **Save**.
 - No, I am not covering a spouse or domestic partner.

Please note:

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 - Spou	sal Surcharge Does your
Projected Total Cost Per P \$0.00	aycheck
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

7. Then, go into each Benefit your ex-spouse/ex-RDP is currently a Dependent on (Medical, Dental and/or Vision) in order to remove them as a Dependent.

For example, Medical: Under the **Medical** card, click **Manage**.



Kaiser Permanente	e HMO NorCal
~	
Cost per paycheck	\$31.50
Coverage	Employee Only

8. Click Confirm and Continue.

litems			
*Selection	Benefit Plan Details	You Pay (Semi- monthly)	Company Contribution (Semi-monthly)
SelectWaive	Anthem Blue Cross PPO	\$35.00	\$571.61
Select Waive	Kaiser Permanente HMO NorCal	\$31.50	\$349.69
	University of	Included	\$0.00

9. On the next page, select:

To remove a former spouse:

- If your plan is currently *Employee Plus One*, select *Employee Only* from the drop-down list.
- If your plan is currently *Employee Plus Family*, and removing your spouse would leave you and **one** child on



the plan, select Employee Plus One from the drop-down list.

To remove a former RDP:

- If your plan is currently *Employee plus Domestic Partner*, select *Employee Only* from the drop-down list.
- If your plan is currently *Employee* + *Domestic Partner and Children*, and removing your RDP would leave you and **one** child on the plan, select *Employee Plus One* from the drop-down list.
- If your plan is currently *Employee* + *Domestic Partner and Children* (you and your children), and removing your RDP would leave you and more than **one** child on the plan, select *Employee Plus Family* from the drop-down list.
- **10.** Then **uncheck the checkbox** next to your ex-spouse/ex-RDP's name and click **Save**.

			7000		
Coverage	* × E	mployee Plus One	i		
Plan cost (per paycheck \$114.5	0			
Adda					
Plug 1	New Dependent				
(Add I	New Dependent				
1 item	New Dependent			7	7 🗆 J
1 item Select	New Dependent	Relationship		Date of Birth	7 🗖 🕻
1 item Select	Dependent TEST TEST	Relationship		Date of Birth	7 🗆 🕻
1 dem Select	Dependent TEST TEST	Relationship Spouse		Date of Birth 01/01/1980	

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

- 12. Repeat the same steps for Dental and/or Vision, to remove your ex-spouse/ex-RDP from these, if enrolled.
- 13. Once you are done, on the page with the Benefits cards, click **Review and Sign**.



14. On the next page, review to make sure everything is correct, read the legal notice, check the checkbox next to *I Accept*, and click Submit.



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

Change your ex-spouse/ex-RDP's relationship status

Please update your former spouse/RDP's relationship status to exspouse/RDP by following the steps below. (They are no longer a Dependent on your plans, but they will remain on USFWorks as archived.)

Follow these steps:

1. Log in to USFWorks and click Benefits and Pay.



2. On the next page, click **Benefits** and then select **Dependents**.



3. On the next page, you will see a list of your Dependents (whether they are currently a Dependent on your Benefit plan[s] or not). Click **Edit** on the line for your ex-spouse/RDP.



Dependents	-			4 6
Add Dependents 2 mins				
Dependent	Relationship	Apr	Benefit Elections	
Dependent's name	Your relationship to your Dependent (e.g. Child, Spoure, etc.)	Dependent's age	Your benefit(s) in which your Dependent has been enrolled	C
Dependent's name	Your relationship to your Dependent (e.g. Child, Spoure, etc.)	Dependent's age	Your benefit(s) in which your Dependent has been enrolled	Edt

4. On the next page, under Effective Date & Reason, click the **pencil** symbol.

2

 Then enter the date of divorce as the Effective Date, select the reason as Change Dependent, Divorce, and click the check symbol.

Effective Date & Reason	
Effective Date * 02/20/2023	\$ V
Reason X Change Dependent > Divorce Image: Change Dependent > Divorce	

6. Scroll down to **Relationship** and click the **pencil** symbol.

Relationship	
Relationship * • Spouse added	

7. Select Ex-Spouse / Ex-Domestic Partner (whichever one applies in your case) and click the check symbol.



Relationship		
Relationship *		<u>م</u>
× Spouse	:=	
Search		
Ex-Spouse		1
Ex-Domestic Partner		in Health Care coverage elsewhere?

8. Click Submit.



IMPORTANT:

If your ex-spouse/RDP is or was a Beneficiary on your life insurance plans(s), please update the relationship status as a Beneficiary too. The process is very similar.

1. Under the Benefits and Pay tab, click **Benefits** and then select **Beneficiaries**.



2. On the next page, you will see a list of your Beneficiaries (whether they are currently designated as a Beneficiary on your life

insurance plan[s] or not). Click **Edit** on the line for your exspouse/RDP.

Beneficiaries			
Add Beneficiaries 1 item			
Beneficiary	Relationship	Benefit Elections	
Beneficiary's name	Relationship	Any life insurance plan(s) onto which this Beneficiary has been added	Edit

3. On the next page, scroll down to **Relationship** and click the **pencil** symbol.

Relationship	
Relationship * Spouse	

4. Select Ex-Spouse / Ex-Domestic Partner (whichever one applies in your case) and click the **check** symbol.

	Ex-Spouse			
	Ex-Domestic Partner			
	O Domestic Partner			
	Other		U	
	O Parent			
	Sibling			
_	Child			_
	O Spouse		< ✓	
	Şearch	:=		
	× Spouse			
-			,	

5. Click Submit.



Update your marital status

You will now need to update your marital status in USFWorks.

1. Log in to USFWorks and click View All Apps.



2. On the next page, click **Personal Information**.



3. On the next page, in the Change box, click Personal Information.

Change
Home Contact Information
Personal Information
Emergency Contacts
Photo
Legal Name
Preferred Name

4. On the next page, scroll down to the **Marital Status** section and click the **pencil** symbol.

Marital Status	
Marital Status Currently selected option appears here	/
Marital Status Date (empty)	

5. Click the drop-down menu and **select your new marital status**.

Marital Status

Marital Status



6. Then, enter the **date of the marital status change** and click on the **check** symbol.

Marital Status		
Marital Status	E	\$
× Newly selected option	appears here	
Marital Status Date		

7. Scroll down to the bottom of the page, **enter a comment** if you wish, and then click **Submit**.



	nter your comment
Attachn	nents
	Drop files here
	or
	Select files
s	ubmit Save for Later Cancel



Dependent Gains Coverage Elsewhere

Follow these steps to remove the Dependent from your Benefit plans:

- 1. On the Change Benefits page:
 - a) Select Gain Other Coverage Elsewhere as the Change Reason.
 - b) Enter the Date of When New Coverage Started.
 - c) Attach proof of date of gain of coverage elsewhere.
 - d) Click Submit.
- 2. A pop-up window will appear stating you have submitted. Click **Open**.



3. On the next page, click Let's Get Started.



(If the pop-up window closes before you can click Open, you can find the task in your USFWorks Inbox – just click the **Benefit Event** message and then on **Let's Get Started**).

4. On the page with the Benefit cards, go into each Benefit you wish



to remove your Dependent from (Medical, Dental and/or Vision) in order to remove them as a Dependent.

For example, Medical: Under the **Medical** card, click **Manage**.

Medical Kaiser Perman	ente HMO NorCal
Cost per paycheck	\$31.50
Coverage	Employee Only

5. Click Confirm and Continue.

items			₩ 🖬
"Selection	Benefit Plan Details	You Pay (Semi- monthly)	Company Contribution (Semi-monthly)
SelectWaive	Anthem Blue Cross PPO	\$35.00	\$571.61
SelectWaive	Kaiser Permanente HMO NorCal	\$31.50	\$349.69
	University of	Included	\$0.00

6. On the next page, change the **Coverage** level if necessary, **uncheck the checkbox** next to the Dependent's name and click **Save**.

Dependents Add a new dependent or select at Coverage *	existing dependent from the list below. × Employee Only. :≡ 0.00			
Add a new dependent or select a Coverage *	n existing dependent from the list below.			
Coverage *	× Employee Only :=	:		
Plan cost per paycheck \$3	0.00			
Add New Dependent)			
item	/		-	
elect Depend	Jent	Relationship	Date of Birth	
TEST	rest	Child	01/01/2023	
				Þ

- 7. You will then be taken back to the screen with the Benefits cards.
- 8. Repeat the same steps for Dental and/or Vision, if you wish to remove your Dependent from these.
- 9. Once you are done, on the page with the Benefits cards, click **Review and Sign**.



 On the next page, review to make sure everything is correct, read the legal notice, check the checkbox next to *l Accept*, and click Submit.



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

IMPORTANT:

If the Dependent you are removing is your spouse or registered domestic partner and you are removing them from your Medical plan, **before submitting the task**, you need to amend the option you currently have selected for the **Medical – Spousal Surcharge**.

 On the page with the Benefit cards, if you are disenrolling your spouse/RDP from your Medical plan, under the Medical – Spousal Surcharge card, click Manage.



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





Projected Total Cost \$0.00	t Per P	aycheck	
Coverage	*	Search	:=
Plan cost per paych	eck	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	

- 3. On the next page, select the following option from the **Coverage** drop-down list and click **Save**.
 - No, I am not covering a spouse or domestic partner.



You Gain Coverage Elsewhere

Follow these steps to disenroll yourself from your Benefit plans if you have gained coverage elsewhere:

- 1. On the Change Benefits page:
 - a) Select Gain Other Coverage Elsewhere as the Change Reason.
 - b) Enter the Date of When New Coverage Started.
 - c) Attach proof of date of gain of coverage elsewhere
 - d) Click Submit.
- 2. A pop-up window will appear stating you have submitted. Click **Open**.

You have	e submitted
Up Next: ' View Details	. , Change Benefit Elections
Open	

3. On the next page, click Let's Get Started.



(If the pop-up window closes before you can click Open, you can find the task in your USFWorks Inbox – just click the **Benefit Event** message and then on **Let's Get Started**).

4. On the page with the Benefit cards, go into each Benefit you wish

UNIVERSITY OF SAN FRANCISCO

to disenroll yourself from (Medical, Dental and/or Vision) in order to do so.

If you are disenrolling from Medical because you have gained coverage elsewhere on a plan that is not an "individual market" plan, please select the **University of San Francisco Waiver** (also known as the 'Medical Waiver Plan'). Remember to also go into the **Medical** – **Spousal Surcharge** card and amend the option you have selected to 'I am not enrolling a USF Medical Plan'.

5. Once you are done, on the page with the Benefits cards, click **Review** and **Sign**.



6. On the next page, review to make sure everything is correct, read the legal notice, **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.

IMPORTANT:

Medical Spousal Surcharge – amend selected option

Before submitting the task, if you have disenrolled yourself from your USF Medical Plan, you need to amend the option you currently have selected for the **Medical – Spousal Surcharge**.

1. On the page with the Benefit cards, if you are disenrolling your spouse/RDP from your Medical plan, under the **Medical – Spousal**

Surcharge card, click Manage.



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 a	assumes coverage for No, I am	not covering a spouse or domestic p	partner	
1 item				.⊒ ⊡ "
*Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)	
Select Waive	- Does your spouse or domestic partner have access to other coverage?	Included	\$0.00	*
4) - F
Confirm and Continue Cano	el			

3. On the next page, select the following option from the **Coverage** drop-down list and click **Save**.



Projected Total Cost Per \$0.00	Paycheck	
Coverage	k 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	

Forms required if selecting the University of San Francisco Waiver

If you have disenrolled from 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 Qualifying Event 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** 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**



- The Benefits Team will then send you another form to fill in and return by email to <u>benefits@usfca.edu</u>:
 - 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 Qualifying Event task and it is approved, this may be because your Qualifying Event 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 a Qualifying Event task.

In this case, please reach out to the Benefits Team at <u>benefits@usfca.edu</u> who will send you a PDF version of the Medical Waiver Attestation to sign and return.

Dependent Loses Coverage Elsewhere

Follow these steps to add the Dependent to your Benefit plans:

- 1. On the Change Benefits page:
 - a) Select Loss of Other Coverage Elsewhere as the Change Reason
 - b) Enter the Date of When Previous Coverage Ended
 - c) Attach proof of date of loss of coverage elsewhere
 - d) Attach proof of relationship to the Dependent (e.g. marriage certificate, birth certificate), if we do not already have this on file
 - e) Click Submit.
- A pop-up window will appear stating you have submitted. Click **Open**.

You have sub	mitted
Up Next:	, Change Benefit Elections
Open	

3. On the next page, click Let's Get Started.



(If the pop-up window closes before you can click Open, you can find the task in your USFWorks Inbox – just click the **Benefit Event** message and then on **Let's Get**



Started).

4. On the page with the Benefit cards, go into each Benefit you wish to add your Dependent to (Medical, Dental and/or Vision) in order to add them as a Dependent.

For example, Medical: Under the **Medical** card, click **Manage**.



5. Click Confirm and Continue.

Drily. I items			東田。
*Selection	Benefit Plan Details	You Pay (Semi- monthly)	Company Contribution (Semi-monthly)
SelectWaive	Anthem Blue Cross PPO	\$35.00	\$571.61
• Select • Waive	Kaiser Permanente HMO NorCal	\$31.50	\$349.69
	University of	Included	\$0.00

6. On the next page, change the Coverage level if necessary.

If the Dependent has never previously been on one of your Benefit plans, click **Add New Dependent**.

If they have been previously, just **check the box next to their name**, click **Save** and skip to step 14.

Dependents		
Add a new dependent or select	t an existing dependent from the list b	elow.
Coverage *	× Employee Plus One	Ξ
Plan cost per paycheck	\$114.50	
Add New Dependent		

7. On the pop-up window, click OK.

Add My Dependent From Enroliment	
Instructional Text Click OK to add dependents.	
Cancel	

8. On the next page, fill in first the following information about your Dependent.

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

Name		Personal Information	
Country * × United States of	America	Relationship *	
Prefix	=	Date of Birth MI/DD/Y	m 🖻
First Name +		Age (empty)	
Middle Name		Legal Sex * aelect one	
Last Name *		Full-time Student	
Suffix	i=	Student Status End Date	
		Disabled	

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

National IDs	
Click the Add button to en	ter one or more National Identifiers for this dependent
Add	
Add	

 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 * X United States of America
National ID Type * × Social Security Number (SSN)
Current ID (empty)
Add/Edit ID * 555-55555
Issued Date 01/09/2023
Expiration Date MM/DD/YYYY
Issued By
Series
Verification Date 02/20/2023
Verified By Elena Nielsen
Remove

11. Click Save.



12. On the next page, ensure the checkbox is checked next to your child's name and click **Save**.

Coverage	* × Er	nployee Plus One	=	
Plan cost	per paycheck \$114.50			₹□.
i dem				
Select	Dependent	Relationship	Date of Birth	

- **13.** You will then be taken back to the screen with the Benefits cards.
- 14. Repeat the same steps for Dental and/or Vision, if you wish to enroll your Dependent in these plans (although your Dependent will already appear as a Dependent in the list, 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).
- **15.** Once you are done, on the page with the Benefits cards, click **Review and Sign**.



16. On the next page, review to make sure everything is correct, read the legal notice, **check the checkbox** next to *I Accept*, and click **Submit**.





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

IMPORTANT:

If the Dependent you are adding is your spouse or registered domestic partner and you are adding them to your Medical plan, **before submitting the task**, you need to amend the option you currently have selected for the **Medical – Spousal Surcharge**.

 On the page with the Benefit cards, if you are enrolling your spouse/RDP on your Medical plan, under the Medical – Spousal Surcharge card, click Manage.

\bigcirc	Medical - Spousa - Does your spouse or to other coverage?	Il Surcharge r domestic partner have access
Cost per pa	aycheck	Included
Coverage		
	Mana	age

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

ojected Total Cost Per Paycheck 0.00				
lans Available				
ou must select a plan. The displayed co	est of waived plans assumes coverage for No, I ar	n not covering a spouse or dome	stic partner	
item				Ē
Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)	
Select Waive	- Does your spouse or domestic partner have access to other coverage?	Included	\$0.00	

- 3. On the next page, select the following from the **Coverage** drop-down list and click **Save**.
 - No, my spouse or domestic partner does not have access to other coverage.







You Lose Coverage Elsewhere

Follow these steps to enroll in USF Benefit plans:

- 1. On the Change Benefits page:
 - a) Select Loss of Other Coverage Elsewhere as the Change Reason
 - b) Enter the Date of When Previous Coverage Ended
 - c) Attach proof of date of loss of coverage elsewhere
 - d) If enrolling Dependents, **attach proof of relationship** to the Dependent (e.g. marriage certificate, birth certificate)
 - e) Click Submit.
- 2. A pop-up window will appear stating you have submitted. Click **Open**.



3. On the next page, click Let's Get Started.



(If the pop-up window closes before you can click Open, you can find the task in your USFWorks Inbox – just click the **Benefit Event** message and then on **Let's Get Started**).



4. On the page with the Benefit cards, go into each Benefit which in you wish to enroll yourself and any Dependents (e.g. Medical, Dental, Vision) in order to enroll in them.

For example, Medical: Under the **Medical** card, click **Manage**.

Medical	sets UMO NexCel
Kaiser Perman	iente HMU Norcai
Cost per paycheck	\$31.50
Coverage	Employee Only

5. Click Confirm and Continue.

items			⇒⊡,
*Selection	Benefit Plan Details	You Pay (Semi- monthly)	Company Contribution (Semi-monthly)
SelectWaive	Anthem Blue Cross PPO	\$35.00	\$571.61
SelectWaive	Kaiser Permanente HMO NorCal	\$31.50	\$349.69
	University of	Included	\$0.00

6. On the next page, select the relevant the **Coverage** level and add any Dependents.

If you had been previously enrolled in USF benefit plans and the Dependent had not been previously on one of your Benefit plans, click **Add New Dependent**.

If they had been previously, just **check the box next to their name**, click **Save** and skip to step 14.

Dependent	S		
Add a new depen	dent or select	an existing dependent from the list b	elow.
Coverage	*	× Employee Plus One	
Plan cost per pa	aycheck	\$114.50	
Add New I	Dependent	\square	

7. On the pop-up window, click OK.

Add My Dependent From Enrollment	
Instructional Text Click OK to add dependents.	
Cancel	

8. On the next page, fill in first the following information about your Dependent.

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

Name		Personal Informa	ation
Country * × United States of Americ	a 🔳	Relationship	*
Prefix	=	Date of Birth	* MM/DD/YYYY
First Name +		Age	(empty)
Middle Name		Legal Sex	* select one
Last Name *		Full-time Student Student Status Start Dat	•
Sutfix		Student Status End Date	
		Disabled	

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

National IDs	
Click the Add button to enter one or more National Ide	ntifiers for this dependent.
Add	

 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 * × United States of America
National ID Type * X Social Security Number (SSN)
Current ID (empty)
Add/Edit ID * 355-55555
Issued Date
Expiration Date MM/DD/YYYY
Issued By
Series
Verification Date 02/20/2023
Verified By Elena Nielsen
Remove

11. Click Save.



12. On the next page, ensure the checkbox is checked next to your child's name and click **Save**.

Coverage	* × F	nolovee Plus One	:==	
Joverage		nproyee Flus one		
Plan cost (per paycheck \$114.5	0		
6				
Add	New Dependent			
Add	New Dependent			
Add	New Dependent			
Add I	New Dependent			7 🗖 .
Add I I item Select	New Dependent	Relationship	Date of Birth	7 🗖 🖬
Add I I item Select	Dependent Dependent TEST TEST	Relationship	Date of Birth 01/01/1980	7 🗔 L
Add I I item Select	Dependent Dependent TEST TEST	Relationship Spouse	Date of Birth 01/01/1980	7 🗖 🖬

- **13.** You will then be taken back to the screen with the Benefits cards.
- 14. Repeat the same steps for Dental and/or Vision, if you wish to enroll your and/or any Dependents in these plans (although your Dependent will already appear as a Dependent in the list, 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).
- **15.** Once you are done, on the page with the Benefits cards, click **Review and Sign**.



16. On the next page, review to make sure everything is correct, read the legal notice, **check the checkbox** next to *I Accept*, and click **Submit**.





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

IMPORTANT:

If a Dependent you are adding is your spouse or registered domestic partner and you are adding them to your Medical plan, **before submitting the task**, you need to amend the option you currently have selected for the **Medical – Spousal Surcharge**.

 On the page with the Benefit cards, if you are enrolling your spouse/RDP on your Medical plan, under the Medical – Spousal Surcharge card, click Manage.

\bigcirc	Medical - Spousal Sur - Does your spouse or dome to other coverage?	charge estic partner have access
Cost per pa	aycheck	Included
Coverage		
	Manage	

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

	-			
ojected Total Cost Per Paychec 0.00	k			
ans Available				
ou must select a plan. The displayed o	ost of waived plans assumes coverage for No, I ar	n not covering a spouse or domes	tic partner	
item				Ē
Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)	
Select Waive	- Does your spouse or domestic partner have access to other	Included	\$0.00	
	coverage:			

- 3. On the next page, select the following from the **Coverage** drop-down list and click **Save**.
 - No, my spouse or domestic partner does not have access to other coverage.







Dependent Passes Away

Follow these steps to remove the Dependent from your Benefit plans:

- 1. On the Change Benefits page:
 - a) Select Death of Dependent as the Change Reason
 - b) Enter the **Benefit Event Date** (date of death on the death certificate)
 - c) Attach a copy of the death certificate
 - d) Click Submit.
- 2. A pop-up window will appear stating you have submitted. Click **Open**.



3. On the next page, click Let's Get Started.



(If the pop-up window closes before you can click Open, you can find the task in your USFWorks Inbox – just click the **Benefit Event** message and then on **Let's Get Started**).

4. On the page with the Benefit cards, go into each Benefit you need



to remove your Dependent from (Medical, Dental and/or Vision) in order to remove them as a Dependent.

For example, Medical: Under the **Medical** card, click **Manage**.

Medical Kaiser Perman	ente HMO NorCal
Cost per paycheck	\$31.50
Coverage	Employee Only

5. Click Confirm and Continue.

items			Ŧ.
Selection	Benefit Plan Details	You Pay (Semi- monthly)	Company Contribution (Semi-monthly)
SelectWaive	Anthem Blue Cross PPO	\$35.00	\$571.61
• Select	Kaiser Permanente HMO NorCal	\$31.50	\$349.69
	University of	Included	\$0.00

6. On the next page, change the **Coverage** level if necessary, **uncheck the checkbox** next to the Dependent's name and click **Save**.

Medical	- Anthem Blue Cross P	PO		
Projected Tota \$30.00	al Cost Per Paycheck			
Dependen Add a new depe Coverage	Its Indent or select an existing dependent from the	t list below.		
Plan cost per p Add New I item	paycheck \$30.00			= ਜ਼ੵੵੑ੶
Select	Dependent	Relationship	Date of Birth	
-	TEST TEST	Child	01/01/2023	*

- 7. You will then be taken back to the screen with the Benefits cards.
- 8. Repeat the same steps for Dental and/or Vision, if you need to remove your Dependent from these.
- 9. Once you are done, on the page with the Benefits cards, click **Review and Sign**.



 On the next page, review to make sure everything is correct, read the legal notice, check the checkbox next to *I Accept*, and click Submit.



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

IMPORTANT:

If the Dependent you are removing was your spouse or registered domestic partner and you are removing them from your Medical plan, **before submitting the task**, you need to amend the option you currently have selected for the **Medical – Spousal Surcharge**.

 On the page with the Benefit cards, if you are enrolling your spouse/RDP on your Medical plan, under the Medical – Spousal Surcharge card, click Manage.

Medical - Spousal Surcharge Does your spouse or domestic partner have access to other coverage?				
Cost per pa	aycheck		Included	
Coverage				
		Manage		

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





- 3. On the next page, select the following option from the **Coverage** drop-down list and click **Save**.
 - No, I am not covering a spouse or domestic partner.

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	ge	*	Sea	rch	1
 No, my spouse or domestic partner does not have access to other coverage Yes, my spouse or domestic partner has access to other coverage 	st per payc	heck	0	No, I am not covering a spouse or domestic partner.	
Yes, my spouse or domestic partner has access to other coverage			0	No, my spouse or domestic partner does not have access to other coverage	
 Lam not aprolling in a LISE medical. 			\circ	Yes, my spouse or domestic partner has access to other coverage	
plan			0	l am not enrolling in a USF medical plan	



View or amend retirement savings contributions – 403(b)

You can amend your 403(b) plan contributions **at any time**. You do **not** have to experience a Qualifying Event.

Follow these steps:

1. Log in to USFWorks and click Benefits and Pay.



2. On the next page, in the **Suggested Links** box, select **TIAA Salary Deferral Agreement**.



3. You will be logged into your TIAA retirement account. Please see <u>this guide</u> on myUSF, which contains further steps.



View <u>existing</u> Flexible Spending Accounts (FSA)

You can view your existing Flexible Spending Accounts (FSA) **at any time**. However, you cannot amend your election amount unless you experience a Qualifying Event.

Follow these steps:

1. Log in to USFWorks and click Benefits and Pay.



2. On the next page, in the **Suggested Links** box, select **Benefit Resource (FSA)**.

S	Benefits and Pay	←
88	Overview	
۲	Benefits	~
ß	Рау	~
E	Compensation	~
HP.	Suggested Links	^
	Benefit Resource (FSA)	Ľ
	TIAA Salary Deferral Agre	Ľ
	Print My Rewards 2021	

3. You will be logged in to your BRI account where you can manage your FSA account(s) and submit claims for reimbursement.



FSA enrollment due to a consistent Qualifying Event

If you wish to **enroll** in FSA (Healthcare and/or Dependent Care), you do this on your New Hire event, or on your Open Enrollment event (Open Enrollment falls sometime Oct-Nov each year).

The **only** exception is if you experience a consistent **Qualifying Event** (e.g. birth of a child, marriage). You can enroll in or amend your FSA elections when submitting your Qualifying Event task.

Follow these steps on the task:

To enroll in Healthcare FSA:

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



2. Click Select and click Confirm and Continue.

Selection Benefit Plan Details You Contribute (Semi-monthly) Company Contribution (Semi-monthly) Selection Benefit Resource LLC (BRI) Standard Image: Company Contribution (Semi-monthly) Image: Company Contribution (Semi-monthly)	Benefit Plan Details You Contribute (Semi-monthly) Company Contribution (Semi-monthly) Benefit Resource LLC (BRI) Standard (BRI) Standard Image: Company Contribution (Semi-monthly)
Select. Benefit Resource LLC (BRI) Standard Waive Waive	Benefit Resource LLC (BRI) Standard

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

The annual limit for 2023 is \$5,000 (\$2,500 if married, filing separately).



Contribute			
Your estimated contributions made	de 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 \$0.0	D		
Save	ancel		

To enroll in Dependent Care FSA:

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



2. Click Select and click Confirm and Continue.

USFWorks	powered	by Workday
----------	---------	------------

Item Item *Selection Benefit Plan Details You Contribute (Semi-monthly) Company Contribution (Semi-monthly) Image: Company Contribution Benefit Resource LLC (BRI) Standard Image: Company Contribution (Semi-monthly) Image: Company Contribution Benefit Resource LLC (BRI) Standard Image: Company Contribution (Semi-monthly)
*Selection Benefit Plan Details You Contribute (Semi-monthly) Company Contribution (Semi-monthly) O Select Benefit Resource LLC (BRI) Standard Image: Company Contribution (Semi-monthly) Malve Malve Image: Company Contribution (Semi-monthly)
Benefit Resource LLC (BRI) Standard
4
4

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

The annual limit for 2023 is \$3,050.

Contribute]	
Your estimated o	contributions made this year 0.00				
Per Paycheck	0.00	Annual	0.00	Ī	
Minimum Annual Ar	mount: \$100.00				
Maximum Annual A	mount: \$3,050.00				
Summary					
Total Annual Con	tribution \$0.00				
Sav	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 <u>benefits@usfca.edu</u> 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 <u>payroll@usfca.edu</u>
- retirement, please email <u>retirementplan@usfca.edu</u>
- Tuition Remission, please email tuitionremission@usfca.edu

