Benefits: Dependent Child Ages Out

Faculty and Staff

If you have your child as a Dependent on your Medical, Dental and/or Vision Plan, they will be removed (i.e. age out) as a Dependent on the last day of the month in which they turn 26.

On the day they turn 26, you will receive a task to submit in your USFWorks Inbox. This task needs to be completed as soon as possible in order your child to receive their COBRA packet, in case they wish to be covered under COBRA for up to 36 months, effective 1st of the month following their 26th birthday. They would pay the full premiums plus a 2% processing fee. You can find COBRA premiums in the latest Benefits Guide on the Monthly Contributions pages (you can find the link to the guide on this page in the Quick Links section). Premiums will also be reflected in the COBRA packet.

Please note: You need to complete the task whether your child decides to opt for coverage under COBRA or not.

Follow these steps:

1. Log in to USFWorks and go to your Inbox.



- Open the task message (it should have Benefit Change PASSIVE: Dependent Child Ages Out as the subject).
- 3. Once the message has opened, click Let's Get Started.

| Actions | | Archive | | Change Benefit Elections | | |
|---------------------|----------------|---------------------|-------|--------------------------|-------------------------------------|------------|
| Viewing All | V | Sort by: Newest | ÷ | ~ | 7 day(s) ago - Effective 12/05/2022 | |
| Benefit Change - I | PASSIVE | Dependent Child Age | s Out | É. | Initiated On | 12/05/2022 |
| 7 dav(s) ano - Effe | protective 12/ | 12/05/2022 | | 章. | Submit Elections By | 01/03/2023 |

4. On the next page with the Benefit cards, if the removal of your Dependent child results in the coverage level needing to be updated (e.g. from *Employee Plus Family* to *Employee Plus One*, or *Employee Plus One* to *Employee Only*), please go into the



Benefit plan(s) on which your child was a Dependent, **update the coverage level**, ensure that **all other enrolled Dependents' names are still checked**, and then click **Save**.

For example:

| Coverage | * × Em | ployee Plus One | = | |
|-----------|--|-----------------------|-----------------------------|--------------|
| Plan cost | per paycheck \$426.00 New Dependent | | = 1 | च . 7 |
| I ITECT) | | | | |
| Select | Dependent | Relationship | Date of Birth | |
| Select | Dependent TEST TEST | Relationship Child | Date of Birth 07/26/2001 | 4 |

- If you are currently enrolled in Voluntary AD&D Family and you will now have no eligible Dependents for this plan (i.e. spouse/RDP up to age 70, unmarried child[ren] up to age 26), you must disenroll and enroll in Voluntary AD&D – Employee Only instead.
- 6. Then, on the page with the Benefit cards click **Review and Sign**.



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



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



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 payroll@usfca.edu
- retirement, please email retirementplan@usfca.edu
- Tuition Remission, please email tuitionremission@usfca.edu

