

Enrolling in UFSelect and GatorCare Plans

UFSelect and GatorCare plans are available to specific employee groups at UF. Information regarding available plan options and eligibility is found on the [Benefits website](#).

Please Note: This instruction guide is for UFSelect and GatorCare plans only. To enroll in the State of Florida plans, you must visit the PeopleFirst website.

Step 1: Log into myUFL

1. Go to my.ufl.edu.
2. Enter your GatorLink username and password.
3. Go to **NavBar > Main Menu > My Self Service > Benefits > Benefits Enrollment**.

Step 2: Access Your Open Event

1. Select the **Enter** button next to the open the benefit event (i.e., new hire, marriage, birth, etc.).

UFSelect & GatorCare Benefits Enrollment


Alligator, Albert


This enrollment portal is for [UFSelect and GatorCare plans](#) only. To enroll in the State of Florida plans, you must visit the PeopleFirst website.

Elections must be completed within 60 days from your event date reflected below.

Coverage begins on your event date. You will be responsible for missed premiums retroactive to that date.

- Dependents' social security numbers, birth dates, and documentation are required to enroll.
- You must click **Submit** to finalize your enrollment.
- Once elections are finalized, no changes are permitted.

Click the Enter button to begin. The Information Icon () provides you with additional information about your enrollment.

Open Benefit Events					
Event Description		Event Date	Event Status	Job Title	
New Hire		09/02/2020	Open	Benefits Specialist II	Enter

Notes:

- Elections must be completed within **60 days** from your event date which is displayed on the page.
- In the fall, an event for Open Enrollment will also be made available.
- Elections made during Open Enrollment are effective **January 1st**.

Step 3: Select Your Benefits and Add Your Dependents

1. Select the **Edit** button next to each plan to enroll or change your benefit election.

Enrollment Summary			
(1H) UF Dental	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Decline coverage			
New: Decline coverage			
(1I) UF Vision	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Humana Vision:Family			
New: Humana Vision:Family		9.77	
(23) Term Life Employee	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Term Life Employee Non Smoker: \$10,000			
New: Term Life Employee Non Smoker: \$10,000		0.90	

2. Select the **radio button** next to the plan you would like to enroll in.

Select an Option		
Here are your available options with your costs:		
Overview of all Plans		
Select one of the following options:		
<input checked="" type="radio"/>	Humana Vision	
Coverage Level	Cost Per Pay Period	Tax Class
Employee Only	\$3.27	After-Tax
Employee + Spouse	\$6.54	After-Tax
Employee + Child(ren)	\$6.22	After-Tax
Family Coverage	\$9.77	After-Tax
Employee + Domestic Partner	\$6.54	After-Tax
Family with Domestic Partner	\$9.77	After-Tax

3. If you are **enrolling in employee-only coverage**, go to Step 4. If you are including eligible dependents, go to Step 5.
4. If you are **enrolling in employee-only coverage**, scroll down and select **Update Elections** to select your plans. Once you select your plans, skip to step 6. (NOTE: If you are enrolling dependents, go to step 5.)

IMPORTANT: I hereby affirm and attest that the dependent(s) listed, if applicable, meet the requirements of eligibility. If any dependent is determined to be ineligible or I fail to notify the University of Florida of a loss of eligibility or any supporting documentation is not provided upon request, I understand that I may be liable for any and all claims paid for any dependent deemed ineligible.

Dependent Beneficiary		
Enroll	Name	Relationship
<input type="checkbox"/>		

Add/Review Dependents

Update Elections
Discard Changes

5. If you are **enrolling eligible dependents**, scroll down and select **Add/Review Dependents**. Review the [benefits website](#) for more information on eligible dependents.

Enroll Your Dependents

- Click the Add/Review Dependents button below.
- Social Security Numbers and birth dates are required.
- Do not** enter a false SSN or birth date.
- If your dependent does not have an issued SSN, call UF Benefits.
- Check the **Enroll** box next to each dependent's name to indicate you want them covered under this plan.

IMPORTANT: I hereby affirm and attest that the dependent(s) listed, if applicable, meet the requirements of eligibility. If any dependent is determined to be ineligible or I fail to notify the University of Florida of a loss of eligibility or any supporting documentation is not provided upon request, I understand that I may be liable for any and all claims paid for any dependent deemed ineligible.

Dependent Beneficiary		
Enroll	Name	Relationship
<input type="checkbox"/>		

Add/Review Dependents

- a. Select a **name** from the list or select **Add a dependent or beneficiary**.
- b. If you select **Add a dependent or beneficiary**, you will need to enter their personal information and select **Save**.

Dependent/Beneficiary Personal Information

Alligator, Albert

Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Sep 1, 2020.

Personal Information

*First Name

Middle Name

*Last Name

Name Prefix

Name Suffix

Date of Birth

*Gender

Social Security Number

*Relationship to Employee

Status Information

*Marital Status As of

*Student As of

*Disabled As of

*Smoker As of

Address and Telephone

Same Address as Employee

Country

Address

Same Phone as Employee

Phone Home

Save

Note: You will need Social Security Number and date of birth and other required fields for each dependent or beneficiary that you add. For security, UF's Privacy Office requires validation of your SSN and date of birth to complete the entry. On life plans, your beneficiaries do not need the SSN. Missing dependent information will delay your coverage. If your dependent does not have a SSN, please contact the Benefits Office at benefits@ufl.edu or (352)392-2477.

- c. To add additional beneficiaries, select **Add a dependent or beneficiary**.
- d. Click **Plan Election** to return to the Benefits Enrollment page.
- e. Scroll down and select the **check box** for the dependents you want to add.

Note: You MUST select **each person** in order to enroll them in coverage or assign them as a beneficiary.

- f. Select **Update Elections**.

Enroll Your Dependents

- Click the **Add/Review Dependents** button below.
- Social Security Numbers and birth dates are required.
- Do not** enter a false SSN or birth date.
- If your dependent does not have an issued SSN, call UF Benefits.
- Check the **Enroll box** next to each dependent's name to indicate you want them covered under this plan.

IMPORTANT: I hereby affirm and attest that the dependent(s) listed, if applicable, meet the requirements of eligibility. If any dependent is determined to be ineligible or I fail to notify the University of Florida of a loss of eligibility or any supporting documentation is not provided upon request, I understand that I may be liable for any and all claims paid for any dependent deemed ineligible.

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Gator, Allie	Child

Add/Review Dependents

Update Elections
Discard Changes

- 6. Verify your choice, estimated per-pay-period cost, and covered dependents.

7. Select **OK** or **Discard Changes**.

Benefits Enrollment

(1) UF Vision

Alligator, Albert

i Important: Your enrollment will not be complete until you submit your choices.

Your Choice

You have chosen Humana Vision with Employee + Child(ren) coverage.

Your Estimated per-pay-period Cost

Your Cost	\$6.22
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Covered Dependents below

Dependent Information	
Name	Relationship
Gator, Allie	Child

Notes

Once submitted, this choice will take effect on 09/17/2020. Deductions for this choice will start with the pay period beginning 09/17/2020.

OK
Discard Changes

Step 4: Review Election Summary

1. Review the **Election Summary** section displayed at the bottom of the page. This reflects any plan selections you make, along with the total bi-weekly costs.
2. Verify that benefit enrollment is active for your selected plan. If **No Coverage** is listed under the plan, you are not enrolled.
3. Print the Benefits Enrollment Summary.
4. Select **Submit**.

Benefits Enrollment
Birth/Adoption
Alligator, Albert

i Important: Your enrollment will not be complete until you submit your choices.

Enrollment Summary

(1H) UF Dental	Before Tax	After Tax	Edit
Current: Decline coverage			
New: Decline coverage			
(1I) UF Vision	Before Tax	After Tax	Edit
Current: Humana Vision:Family			
New: Humana Vision:Family		9.77	
(23) Term Life Employee	Before Tax	After Tax	Edit
Current: Term Life Employee Non Smoker: \$10,000			
New: Term Life Employee Non Smoker: \$10,000		0.90	
(24) Term Life Spouse/DomPrtnr	Before Tax	After Tax	Edit
Current: Term Life Spouse Non Smoker: \$10,000			
New: Term Life Spouse Non Smoker: \$10,000		0.90	
(25) Term Life Dependent	Before Tax	After Tax	Edit
Current: Term Life Dependent: \$10,000			
New: Term Life Dependent: \$10,000		1.02	
(A1) Legal Services	Before Tax	After Tax	
Current: Decline coverage			
New: Decline coverage			

This table summarizes estimated costs for your new benefit choices.

Election Summary

Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax	Employer
Costs	12.59	0.00	12.59	0.00
Cost Per Pay Period	12.59	0.00	12.59	

[Submit](#)

i Print this page for your records prior to submitting.

5. Select **Submit** to finalize your benefit selections.

Benefits Enrollment

Submit Benefit Choices

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To finalize elections:

- Carefully review the "Authorization" section below.
- Click the "Submit" button.

To review or edit elections:

- Click the "Cancel" button.
- Be certain to submit elections by your event deadline.

Once you click the **Submit** button below, your benefit choices will be sent for processing and elections are final.

Authorization

I understand my elections will be active for the remainder of the plan year and can only be changed during the open enrollment period or a qualified status event.

The dependent(s) I have listed meet eligibility requirements. I have entered accurate information and will provide the required documentation within 60 days.

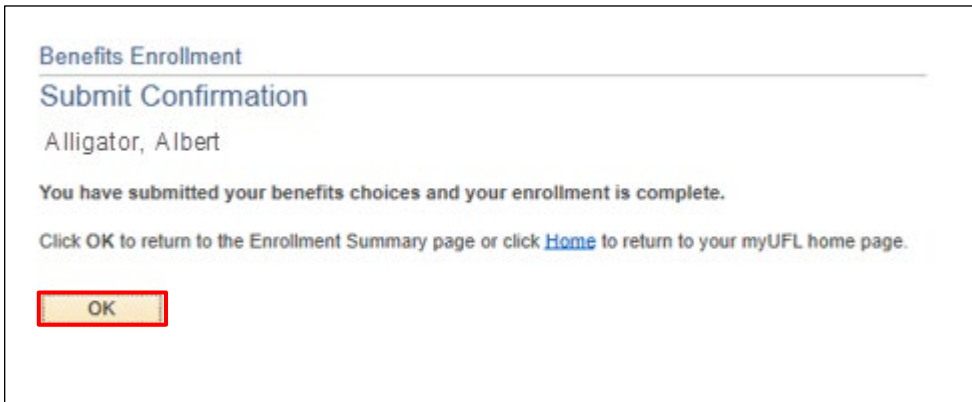
I authorize payroll deductions in accordance with the coverage levels selected and established rates. I understand that I am responsible for missed premiums based on my coverage start date (event date).

I further acknowledge and consent to the University's use and disclosure of personal health information as needed to facilitate plan administration.

Click the **Submit** button to send your final selections.

Click the **Cancel** button if you are not ready to submit or to edit your selections.

6. Confirm that your elections have been submitted. Select **OK**.



For Additional Assistance:

Technical Issues

The UF Computing Help Desk
352-392-HELP
helpdesk.ufl.edu

Policies and Procedures

Benefits
(352)392-2477
Benefits@ufl.edu

Note: You can view your benefits elections anytime by navigating to **NavBar > Main Menu > My Self Service > Benefits > Benefits Summary**. Be sure to enter an effective date that is on or after the effective date of your event in order to view your election in the Benefits Summary.