

# **ENROLLMENT WALKTHROUGH**

# Step 1: Log in to the myUFL System

- Visit the myUFL system at my.ufl.edu.
- Enter your Gatorlink username and password.
- Navigate using the NavBar on the right side of the screen to: Main Menu > My Self Service > Benefits > Benefits Enrollment

#### **NOTE TO NEWLY HIRED GAS:**

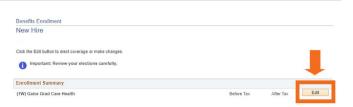
The enrollment portal in myUFL opens once the qualifying GA appointment is entered and active in the UF PeopleSoft/payroll system.

## Step 2: Access Your Open Event

- Click the ENTER button next to the open event (i.e. new hire, marriage, birth, etc.).
- Elections must be completed within 60 days from the event date displayed on the page. (Open enrollment elections must be made during the designated open enrollment period.)

# Step 3: Edit GatorGradCare

Click the EDIT button next to "GatorGradCare Health" to edit your current selection.



Event Date Event Status

10/30/2020 Open

A

## Step 4: Select Your Benefits

- Click the button next to "GatorGradCare Health" to enroll in the plan **OR** click "Decline coverage" if you do not want to enroll in GatorGradCare or need to cancel coverage.
- If you are: • NOT including dependent coverage, click the Update Elections button and skip to Step 7.
  - Including or updating dependents, skip to Step 5.
  - · Removing dependents, skip to Step 6.

## Step 5: Add/Update Dependent Information

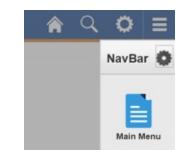
- Once you click the button next to the GatorGradCare plan, you may add or remove dependent information.
- When adding dependents, you must enter the date . of birth and SSN for each dependent, along with the required fields indicated by an asterisk. Missing dependent information will delay your coverage.

NOTE: 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, email gabenefits@hr.ufl.edu for assistance.

#### Dependent/Beneficiary Personal Information

| Select Save once you have added your Dependent/Beneficiary's personal information. This |  |
|---|--|
| information will go into effect as of Jul 30, 2019.                                     |  |
| Personal Information  |  |
|   |  |

| *First Name               |        |
|---------------------------|--------|
| Middle Name               |        |
| *Last Name                |        |
| Name Prefix               |        |
| Name Suffix               |        |
| Date of Birth             |        |
| *Gender                   | $\sim$ |
| Social Security Number    |        |
| *Relationship to Employee | $\sim$ |



Job Title

GRADUATE AST-T

Enter

**Open Benefit Events** 

Event Description

New Hire

Overview of all Plans

Select an Option

Select one of the following options

Here are your available options with your costs

GatorGradCare Health

O Decline coverage

| Coverage Level               | Cost Per Pay Period | Tax Class  |
|------------------------------|---------------------|------------|
| Employee Only                |                     | Before-Tax |
| Employee + Spouse            |                     | Before-Tax |
| Employee + Child(ren)        |                     | Before-Tax |
| Family Coverage              |                     | Before-Tax |
| Employee + Domestic Partner  |                     | Before-Tax |
| Family with Domestic Partner |                     | Before-Tax |

# Step 6: Select Dependent Coverage

- You <u>MUST SELECT EACH DEPENDENT</u> in order to include them by checking the box next to their name.
- After adding dependents, follow the hyperlinks on the top of each page to return to your enrollment session.
- Click the **UPDATE ELECTIONS** button to save your election.
- If removing dependents, uncheck the box next to the dependent's name.



# **Step 7: Review Your Election**

- Confirm that your choice is correct and review the associated cost.
- Review the notes for important details regarding deductions.
- Click OK if you have no changes, or DISCARD CHANGES to edit

| Your Choice             |                 |  |
|-------------------------|-----------------|--|
| rou have chosen GatorGr | adCare Health   |  |
| Your Estimated per-pa   | ay-period Cost  |  |
| Your C                  | ost             |  |
| Notes                   |                 |  |
|                         |                 | . You are responsible for all premiums due<br>ons will be collected on future paychecks.     |
|                         |                 | ent screen. You must continue through all<br>uctions for this choice will start with the pay |
|                         | Discard Changes |  |

# **Step 8: Submit Your Election**

- Review the enrollment summary and cost information.
- Print/save a copy showing your elections for your records.
- Click SUBMIT.
- On the next screen, carefully review the "Authorization / Terms & Agreements" section.
- Finalize your enrollment by clicking the SUBMIT button.
  Once you click Submit on all screens, your elections are final and no other changes can be submitted on the enrollment.

# **Step 9: Submit Your Election**

- After you submit the enrollment, you will see the Submit
  Confirmation screen stating that your enrollment is complete.
- If you do not see the final confirmation screen after submitting, contact the GA Benefits Office immediately by emailing gabenefits@hr.ufl.edu.

| (1W) Gator Grad Care Health   |                   |            |                   |          |
|---|-------------------|------------|-------------------|----------|
| Current: No Coverage  |                   |            |                   |          |
| New: GatorGradCare Health   |                   |            |                   |          |
| This table summarizes estimated costs for your new benefit  | choices.          |            |                   |          |
| Election Summary  | choices.          |            |                   |          |
| Election Summary  | choices.<br>Total | Before Tax | After Tax         | Employer |
| Inis table summarizes estimated costs for your new benefit<br>Election Summary<br>Summarized estimates for new Benefit Elections<br>Costs |                   | Before Tax | After Tax<br>0.00 | Employe  |

#### Your benefit elections have been submitted.

Submit

You can view your elections by navigating to Main Menu > My Self Service > Benefits > Benefits Summary and if necessary, entering a date that is equal to or after the effective date of this event.

Click  $\mathbf{OK}$  to return to the Enrollment Summary page or click  $\underline{\mathsf{Home}}$  to return to your myUFL home page.

QUESTIONS? Contact GA Benefits <u>gabenefits@hr.ufl.edu</u> or (352) 392-0003