



New Employee Orientation

Benefits, Retirement, and Leave

903 W University Ave. Gainesville, FL 32601-5117
HR.UFL.EDU | (352) 392-2477



Agenda:

- Benefits Landscape
- Retirement Landscape
- Leave Landscape
- Reminders
- Contact Information



Benefits Landscape



Medical Plan Highlights

	Standard PPO	Standard HMO	HDHP PPO	HDHP HMO
Provider Access	In or out of network	In network only	In or out of network	In network only
Annual Deductible (In-Network)	Single: \$250 Family: \$500	None	Single: \$1600 Family: \$3200	Single: \$1600 Family: \$3200
Preventative Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Flexible Spending Account	\$3050 / year	\$3050 / year	Limited Purpose	Limited Purpose
Health Savings Account	No	No	ER Contribution: \$500 / \$1000 EE Contribution: \$4150 / \$8300	ER Contribution: \$500 / \$1000 EE Contribution: \$4150 / \$8300
Network Provider	Florida Blue (BCBS)	Aetna or UHC	Florida Blue (BCBS)	Aetna or UHC
Rx Provider	Optum Rx	Optum Rx	Optum Rx	Optum Rx
EE Monthly Cost	\$50	\$50	\$15	\$15
Family Monthly Cost	\$180	\$180	\$64.30	\$64.30

All medical plans are administered through the State of Florida / People First

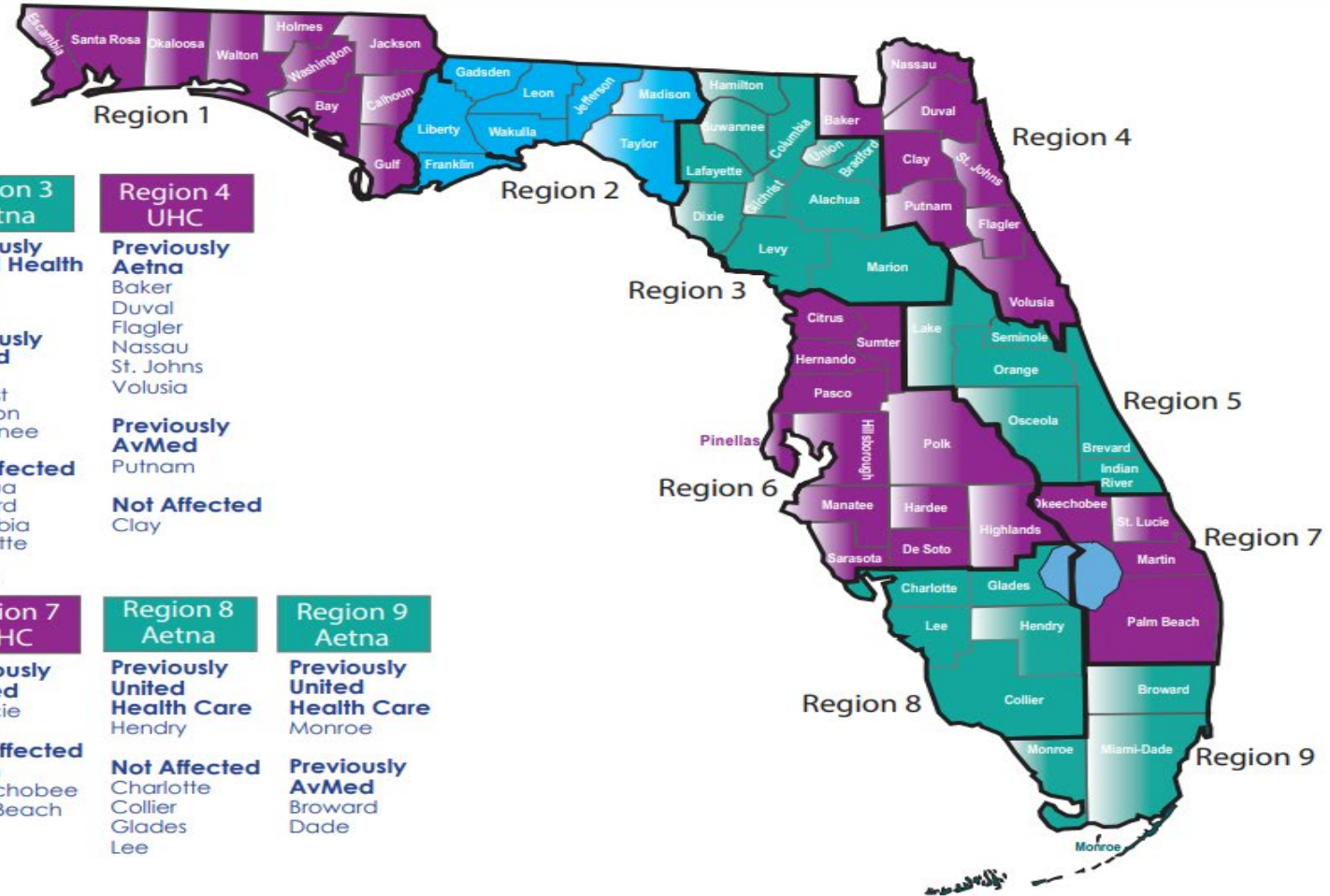


Health Insurance – State of Florida

Your Costs:	Standard			High Deductible (Pair with Health Savings Account)	
	HMO	PPO		HMO and PPO	PPO Only
	Network Only	Network	Out of Network	Network	Out of Network
Annual Deductible (You pay this amount first before the plan pays anything, except for preventive care.)	None	\$250 \$500 Single Family	\$750 \$1,500 Single Family	\$1,600 \$3,200 Single Family	\$2,500 \$5,000 Single Family
Global In-Network Annual Out-of-Pocket Maximum	\$9,450 \$18,900 per indiv. per family (combined pharmacy and medical)	\$9,450 \$18,900 per indiv per family (combined pharmacy and medical)	N/A	\$4,600 \$9,200 \$3,000 \$6,000 (HMO) per indiv. per family (combined pharmacy and medical)	N/A
Preventive Care ¹	No charge	No charge; no deductible	Amount between charge and out-of-network allowance; no deductible	No charge; no deductible	Amount between charge and out-of-network allowance; no deductible
Primary Care	\$20 copayment	\$15 copayment	40% of out-of-network allowance plus the amount between the charge and the out-of-network allowance	Deductible then 20% of network allowed amount	Deductible then 40% of out-of-network allowance plus amount between charge and out-of-network allowance
Specialist	\$40 copayment	\$25 copayment			
Urgent Care	\$25 copayment	\$25 copayment			
Emergency Room	\$100 copayment	\$100 copayment			
Hospital Stay	\$250 copayment	20% after \$250 copayment	40% after \$500 copayment plus the amount between charge and out-of-network allowance	Deductible then 20% of network allowed amount	Deductible, \$1,000 copay, then 40% of out-of-network allowance plus the amount between charge and out-of-network allowance
Generic Drugs Preferred Brand Non-Preferred Brand	\$7 \$30 \$50 Network Retail (up to 30-day supply) \$14 \$60 \$100 Mail Order or Participating 90-Day Retail (up to 90-day supply)		Pay in full; file claim for reimbursement	After paying deductible, 30% 30% 50% Network Retail and Mail Oder	Pay in full; file claim for reimbursement
Monthly Premiums:	We Deduct Your Premium a Month in Advance (e.g., December 2020 for January 1, 2021, coverage)				
Career Service/OPS	\$50.00 Single		\$180.00 Family	\$15.00 Single	\$64.30 Family
Select Exempt Service/ Sr. Management Service	\$8.34 Single		\$30.00 Family	\$8.34 Single	\$30.00 Family
Spouse Program	\$30.00 (\$15 each employee)			\$30.00 (\$15 each employee)	
Over-age Dependents (age 26 - 30)	\$813.46 Each			\$736.80 Each	
COBRA	\$829.73 Single		\$1,867.70 Family	\$751.54 Single	\$1,664.69 Family

County Shifts by Region

Region 1 UHC Previously Aetna Bay Escambia Gulf Holmes Jackson Okaloosa Walton Washington Previously Capital Health Plan Calhoun Not Affected Santa Rosa	Region 2 CHP Previously Aetna Madison Previously United Health Care Taylor Not Affected Franklin Gadsden Jefferson Leon Liberty Wakulla	Region 3 Aetna Previously United Health Care Union Previously AvMed Dixie Gilchrist Hamilton Suwannee Not Affected Alachua Bradford Columbia Lafayette Levy Marion	Region 4 UHC Previously Aetna Baker Duval Flagler Nassau St. Johns Volusia Previously AvMed Putnam Not Affected Clay	Region 5 Aetna Previously United Health Care Lake Osceola Not Affected Brevard Indian River Orange Seminole
Region 5 Aetna Previously United Health Care Hardee Highlands Manatee Sarasota Not Affected Brevard Indian River Orange Seminole	Region 6 UHC Previously Aetna Hardee Highlands Manatee Sarasota Previously AvMed Hillsborough Pinellas Polk Not Affected Citrus De Soto Hernando Pasco Sumter	Region 7 UHC Previously AvMed St. Lucie Not Affected Martin Okeechobee Palm Beach	Region 8 Aetna Previously United Health Care Hendry Not Affected Charlotte Collier Glades Lee	Region 9 Aetna Previously United Health Care Monroe Previously AvMed Broward Dade





Health Insurance – GatorCare

- **University of Florida**
 - GatorCare is available for postdoctoral associates, clinical faculty in the College of Medicine, residents, and faculty and staff who have domestic partners
 - PPO medical plans
 - Florida Blue is the network of providers
 - Explore Your Benefits → [GatorCare](#)





Dental Insurance

- **State of Florida**
 - Many dental insurance options
 - Traditional dental plans with a network of providers, deductibles and annual maximums
 - Some plans offer orthodontia coverage
 - Waiting period may apply for some services
- **University of Florida – Eagles Dental Plan**
 - Dental reimbursement program
 - \$1500 annual maximum
 - May go to any dentist
 - Costs not pre-negotiated
 - [Eagles-dental.pdf \(ufl.edu\)](https://ufl.edu/eagles-dental.pdf)



2024 Dental Plans	Prepaid Dental Plans (DHMO)			Preferred Provider Organization (PPO) Plans		Indemnity with PPO Plans		Indemnity Plans
	Cigna Prepaid Dental (4034)	Sun Life Prepaid Dental (4025)	Humana HD 205 Prepaid Dental (4044)	Ameritas, Humana, Metlife Preventive PPO (4023, 4094, 4033)	Ameritas, Humana, Metlife Standard PPO (4022, 4092, 4032)	Ameritas, Humana, Metlife Indemnity w/PPO (4021, 4090, 4031)	Sun Life Indemnity w/ PPO (4074)	Humana Indemnity (4084)
Type I: Preventative Services (Routine cleanings, X-rays, etc.)	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	100% in-network: 80% out of network	100% in-network: 80% out of network	100% in or out of network	100% in or out of network	See benefit schedule: Reimbursement amounts
Type II: Basic Services (Fillings, root canals, etc.)	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	80% in-network 50% out of network	80% in-network 50% out of network	80% in or out of network	80% in or out of network	See benefit schedule: Reimbursement amounts
Type III: Major Services (Crown, bridges, etc.)	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	No coverage	50% in-network: 30% out of network	50% in or out of network	50% in or out of network	See benefit schedule: Reimbursement amounts
Annual Deductible	No Deductible	No Deductible	No Deductible	Type I: No deductible Type II only: Individual: \$50 EE+Spouse: \$100 EE + Children: \$100 Family: \$150	Type I: No deductible Type II & III: Individual: \$50 EE + Spouse: \$100 EE + Children: \$100 Family: \$150	Type I: No deductible Type II & III: Individual: \$50 EE + Spouse: \$100 EE + Children \$100 Family: \$150	Type I: No deductible Type II & III: Individual: \$50 Family: \$100	No Deductible
Annual Maximum	None	None	None	\$1,000	\$1,500	\$2,000	\$2,000 in-network: \$1,500 out of network	\$1,000
Orthodontia	Yes, No age limit	Yes, No age limit	No age limit: Eligible for 25% discount at provider's discretion	No coverage	Yes, No age limit	Yes, No age limit	Yes, Only dependants under 19	No Coverage
Waiting period for Orthodontic Services	None	None	None	No Coverage	12 month waiting period (may be satisfied w/ prior creditable coverage)	None	None	No Coverage
Othordontia Maximum	None	None	None	No Coverage	\$2,000 in-network; \$1,500 out of network	\$2,500 in or out of network	\$1,500	No Coverage

Type of Dental Plan	Plan Code	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Prepaid Dental Plan <ul style="list-style-type: none"> • Pays benefits only when you use network providers. • No deductible or annual maximum. • Most preventive care at no charge. You pay a fixed copayment for dental procedures listed on the copayment schedule. • Orthodontia: Covered for adults and children. 	4034	Cigna Prepaid Dental	\$22.81	\$44.94	\$53.59	\$68.46
	4025	Sun Life Prepaid Dental	\$14.93	\$25.17	\$33.26	\$43.54
	4044	Humana HD205 Prepaid Dental	\$12.64	\$21.20	\$23.00	\$32.98
PPO Dental Plan <ul style="list-style-type: none"> • Receive care from any dentist. • Your cost is lower when you use a network dentist. • You generally have an annual deductible to meet before the plan starts paying benefits, and then you pay part of the cost for the services you receive. • Orthodontia: Covered for adults and children (excluding Preventive PPO). 	4023	Ameritas Preventive	\$21.64	\$40.92	\$43.80	\$64.16
	4094	Humana Preventive	\$20.52	\$37.98	\$42.44	\$61.60
	4033	Metlife Preventive	\$18.32	\$33.86	\$37.84	\$54.94
	4022	Ameritas Standard	\$31.64	\$59.24	\$66.32	\$96.56
	4092	Humana Standard	\$30.64	\$56.70	\$63.36	\$91.98
	4032	Metlife Standard	\$36.24	\$67.04	\$74.90	\$108.76
Indemnity with PPO Dental Plan <ul style="list-style-type: none"> • Receive care from any dentist. • Your cost is lower when you use a network dentist. • You generally have an annual deductible to meet before the plan starts paying benefits, and then you pay a percentage of the cost for the services you receive. • Orthodontia: Children only orthodontia covered by Sun Life. 	4074	Sun Life Indemnity	\$43.55	\$83.61	\$98.83	\$130.35
	4021	Ameritas Indemnity	\$47.24	\$87.64	\$99.80	\$144.08
	4090	Humana Indemnity	\$45.76	\$84.66	\$94.60	\$137.34
	4031	Metlife Indemnity	\$46.16	\$85.38	\$95.42	\$138.52
Indemnity Dental Plan <ul style="list-style-type: none"> • Receive care from any dentist. • You have a deductible to meet, and then you pay part of the cost for the services you receive. 	4084	Humana Schedule B	\$14.74	\$21.96	\$23.30	\$37.10



Vision Insurance

STATE OF FLORIDA

- Humana (Pre-Tax)
- In-Network Benefits:
 - \$10 copay for eye exams
 - \$10 copay for lenses and/or frames
 - Lenses: 100% after copay
 - Frames: \$125 wholesale
 - Contacts: \$150 allowance
- Monthly Rates:
 - Employee Only: \$5.92
 - EE + Spouse: \$11.68
 - EE + Child(ren): \$11.56
 - Family: \$18.16

UNIVERSITY OF FLORIDA

- Humana (Post-Tax)
- In-Network Benefits:
 - \$10 copay for eye exams
 - \$15 copay for lenses and/or frames
 - Lenses: 100% after copay
 - Frames: \$150 allowance
 - Contacts: \$150 allowance
- Monthly Rates:
 - Employee Only: \$5.81
 - EE + Spouse: \$11.63
 - EE + Child(ren): \$11.05
 - Family: \$17.36

COMPLETE ENROLLMENT WITHIN 60-DAY NEW HIRE EVENT WINDOW!



Supplemental Benefits - Disability

- Provides income replacement in the event you become disabled from work
- Benefit is a percentage of salary (i.e. 66 2/3% of base salary)
- Monthly premiums are salary-based
- Guaranteed issue during new hire enrollment window
- Two Options:
 - State Short-Term Disability
 - Carrier: Colonial
 - Offers a 7-day to 90-day elimination period options
 - UF Select Long-Term Disability
 - Carrier: The Standard
 - Offers 30 day and 90-day elimination period options





Supplemental Benefits – Life Insurance

Basic Life Coverage:

Employer paid group term life insurance benefit of \$25k

Carrier: Securian

State-Sponsored Optional Life:

Coverage based on salary multiples (1x, 2x, etc.), up to \$1 million. Up to \$500k is guaranteed upon new hire.

Spouse and Child Life available

Carrier: Securian

UF-Select Term Life Insurance:

Available in \$10k increments up to \$800k. Up to \$300k is guaranteed upon new hire.

Spouse and Child Life Available

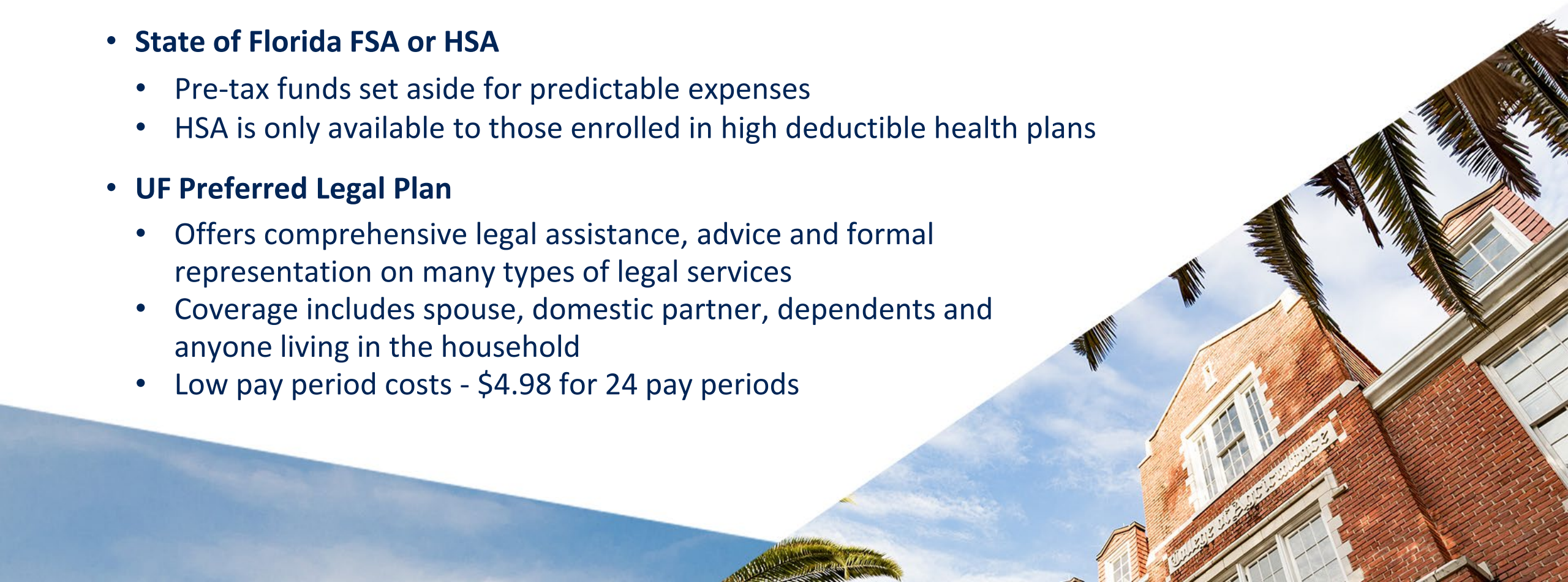
Carrier: The Standard





Supplemental Benefits

- **State of Florida Supplemental Programs**
 - Accident, Cancer, Hospitalization and Hospital Intensive Care
 - These plans pay directly to the member
- **State of Florida FSA or HSA**
 - Pre-tax funds set aside for predictable expenses
 - HSA is only available to those enrolled in high deductible health plans
- **UF Preferred Legal Plan**
 - Offers comprehensive legal assistance, advice and formal representation on many types of legal services
 - Coverage includes spouse, domestic partner, dependents and anyone living in the household
 - Low pay period costs - \$4.98 for 24 pay periods





Coverage Effective Date

State of Florida / People First Benefits

- Coverage begins on the first day of the month after the month in which a full month's premium is paid.

Example:

- August - Elections made
 - October 1 - Effective date (default)
 - Earlier effective date may be possible for medical insurance only.
- Premiums are collected 30 days in advance. There will be a doubling of premiums if the employee selects an early effective date.

UFSelect / GatorCare Benefits

- Coverage is retroactive to your start date.
- Premiums collected in the month of coverage.

COMPLETE ENROLLMENT WITHIN 60-DAY NEW HIRE EVENT WINDOW!



Enrollment Processes

State of Florida / People First Benefits

PeopleFirst.MyFlorida.com

Login ID is in myUFL at:

Main Menu > My Self Service > Benefits > PFID & Beneficiary Info

Password: Pf + 6-digit date of birth (example: Pf103189)

Only shows State-Sponsored Plans
NOT GatorCare / UFSelect Plans

University of Florida Benefits

my.ufl.edu

Main Menu > My Self Service > Benefits > Benefits Enrollment

Enrollment is final once submitted

Only shows GatorCare / UFSelect plans
NOT State-Sponsored Plans

For All Plans: Adding Dependents

- **Spouse / Child Enrollment:** Must provide date(s) of birth and Social Security numbers
- **Dependent Eligibility Verification:** People First / UF will request documents to confirm dependent(s) are eligible for insurance coverage, such as a birth certificate or tax return. Follow Dependent Eligibility Verification instructions provided on the letter or email.

ENROLLMENT GUIDES FOUND AT <https://benefits.hr.ufl.edu/my-benefits/enrollment/>



After 60-Day Enrollment Window

Open Enrollment

- October/November
- Changes effective January 1

Qualifying Status Change

- These are major "life or work events" that allow you to make benefit changes outside of new hire/open enrollment. Supporting documentation may be required.
 - Marriage/Divorce
 - Birth/Adoption
 - Change of Dependents
 - Employment Changes
 - Loss of Coverage
- 60-day enrollment window
- Provide supporting documentation to UF and/or People First within 60 days of event



Employee Communications

Make sure you receive Benefit/Retirement Eligibility Details, Insurance ID cards, and Open Enrollment Information.



Receive via the Division of State Group Insurance (DSGI)/
People First mailing address on file



Receive via your UF email address

Confirm that your mailing address is correct by:

- Go to <https://one.ufl.edu/directoryprofile/>
- Sign in with GatorLink username and password
- Under the "Personal Addresses" section, click EDIT for "MAILING ADDRESS"
- Review then click "Submit" at the bottom of the dialog box

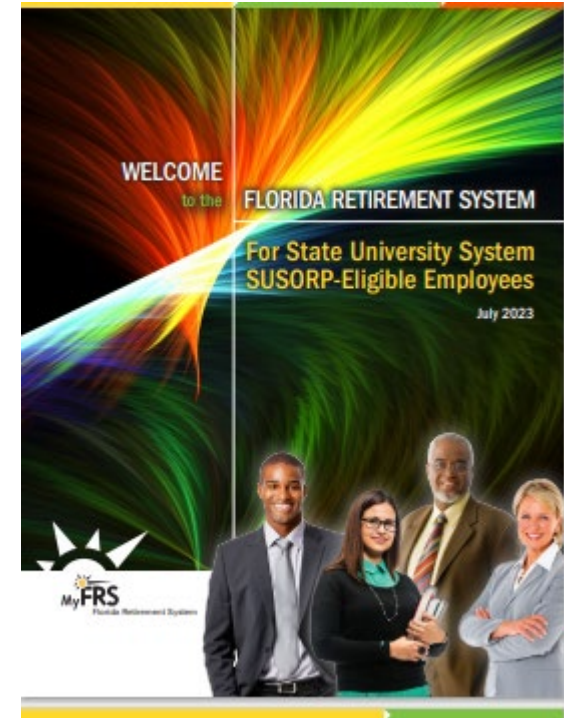
Retirement Landscape



State Retirement Plans

Participation and 3% employee contribution are mandated by the State of Florida.

- All TEAMS staff may participate in the Florida Retirement System (FRS) Investment Plan or Pension Plan.
- Faculty and salaried TEAMS staff are also eligible to participate in the State University System Optional Retirement Plan (SUSORP). There are certain positions in the College of Medicine and Health Science Center that are mandated to participate in the SUSORP.
- An FRS enrollment packet will be sent to the mailing address on file.



[SUSORP-Newsltr 6-22FP.pdf \(myfrs.com\)](#)



Retirement Plan Highlights

SUSORP

- Defined Contribution Plan
- Vesting - Immediate
- 5.14% employer contribution
- Benefit based on contributions and Investment performance
- You could outlive your benefit
- Employee will choose an investment provider and fund lineup
- You may contribute up to an additional 5.14% of pay

FRS Investment Plan

- Defined Contribution Plan
- Vesting - One year of service
- 8.3% employer contribution
- Benefit based on contributions and investment performance
- You could outlive your benefit
- 2nd election to Pension Plan is available but could be costly
- Disability retirement benefit is available
- May qualify for a health insurance subsidy

FRS Pension Plan

- Defined Benefit Plan
- Vesting - 8 years of service
- Benefits paid monthly based on a formula
- Guaranteed benefit for life
- 2nd election to Investment Plan is available
- Disability retirement benefit is available
- May qualify for a health insurance subsidy

NOTE: For those employees eligible for the ORP, you have 90 days to enroll.

If you do not make an active election into the FRS Pension Plan within 8 months, you will be automatically enrolled in the FRS Investment Plan.



State Retirement Plans - SUSORP

Two-Step SUSORP Enrollment Process

1. **Complete** the [ORP-ENROLL form](#) and send to UFHR Benefits via fax (352) 392-5166 or email – benefits@ufl.edu (without SSN) within **90 days** of employment.
2. **Contact** at least one Investment Provider Company and **execute** a contract to establish a SUSORP account.
 - Provider Contacts: [Investment Provider List – HR Benefits and Rewards \(ufl.edu\)](#)

If you do not enroll in the SUSORP within the first 90 days of your employment, you can still enroll in the Investment Plan or Pension Plan

ORP-ENROLL-1
Effective 11/15
Enrollment

State University System Optional Retirement Program (SUSORP)
Retirement Plan Enrollment
PO Box 9000, Tallahassee, FL 32315-9000
Phone: 850-778-4696 Toll Free: 877-378-7677 Fax: 850-410-2030
Email: orpdata@dms.fl.gov

SECTION I

Name: _____ (Last name) _____ (First name) _____ (Middle initial)
Social Security Number: _____ Birth Date: _____ Gender: Male ☐ Female ☐
mm/dd/yyyy
Email Address: _____ Telephone Number: _____

SECTION II I WANT TO BE AN FRS MEMBER

☐ I am a new member and will complete the Form ELE-1 or Form ELE-1-EZ as appropriate. Proceed to Section IV – Signature.

☐ I am an existing FRS member and want to retain my participation in the FRS. Proceed to Section IV – Signature.

SECTION III I WANT TO BE A SUSORP MEMBER

☐ I am a new member and wish to enroll in the SUSORP.

☐ I am an existing SUSORP member and want to retain my participation in the SUSORP.

As a SUSORP member, I understand that:

1. It is my responsibility to ensure that my tax-deferred income deductions do not exceed the maximum amount set in the Internal Revenue Service Code and Regulations.
2. I may choose to have up to 5.14% of my adjusted gross taxable salary deducted as my Voluntary Employee Contribution; however, (a) I must be under the maximum exclusion allowance and (b) my adjusted gross income minus any payroll deductions (e.g., credit union, or 457 plan), must be sufficient to cover the Voluntary Employee Contribution.

I elect the following:

Provider Company	Required Employer and Employee Contributions The total employer contribution is 5.14%. I choose to allocate contributions to one or more provider companies as indicated below. My 3% required employee contribution will also be allocated at the same ratio.	Voluntary Employee Contribution Total percentage must not exceed 5.14% of your salary.
TIAA	%	%
AIG	%	%
VOYA	%	%
EQUITABLE	%	%
Total 0.00 % (Must equal 5.14%)		Total 0.00 % (Must not exceed 5.14%)

SECTION IV MEMBER: PLEASE SIGN AND SUBMIT THIS FORM TO YOUR EMPLOYER

Member Signature: _____ Date: _____



State Retirement Plans – Investment or Pension

FRS Investment or Pension Plan Enrollment

1. Submit the EZ Enrollment Form directly to FRS indicating FRS Investment Plan or FRS Pension Plan.
2. If you are in an SUSORP-eligible class, you must also submit the [ORP-ENROLL form](#) and send to UFHR Benefits via fax (352) 392-5166 or email – benefits@ufl.edu (without SSN) indicating that you want to be a FRS Member (complete Sections I, II & IV)

If you do not make an election by the last business day of the eighth month following your month of hire, you will automatically default into the Investment Plan

FRS Florida Retirement System		
EZ Retirement Plan Enrollment Form For Regular, Special Risk, and Special Risk Administrative Support Class Employees <i>Save time and enroll online at ChooseMyFRSplan.com or MyFRS.com! If you're a first-time user, log into MyFRS.com using the PIN supplied with your Benefit Comparison Statement.</i>		
Your plan choice is due by 4:00 p.m. ET on the last business day of the 8 th month following your month of hire. Keep your original Enrollment Form for your records.		
1 Enter Your Info PLEASE PRINT	LAST NAME FIRST NAME MIDDLE INITIAL	
	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YYYY)	
2 Select Your Plan	<input type="checkbox"/> FRS Investment Plan <input type="checkbox"/> FRS Pension Plan	
	3 Sign Here By signing below, I acknowledge that I have read and understand the information on page 2 of this Enrollment Form, and I certify all supplied information to be true and correct. I understand that this form cannot be processed without the last four digits of my Social Security number, date of birth, plan choice, and signature.	
4 Submit Your Form (this page only)	SIGNATURE DATE	
	EMPLOYER NAME	
	PERSONAL EMAIL	
	PHONE NUMBER WITH AREA CODE <input type="checkbox"/> MOBILE (RECOMMENDED) <input type="checkbox"/> OTHER	
By Fax: 1-888-310-5559 Do not include a cover sheet. OR By Mail: Plan Choice Administrator P.O. Box 785027 Orlando, FL 32878-5027		
Questions? MyFRS Financial Guidance Line 1-866-446-9377, Option 2 (TRS 711) Get free, unbiased guidance from experienced financial planners about the plans or the election process.		
MyFRS.com Visit anytime for tools and information about the FRS Investment Plan and Pension Plan.		



Voluntary Retirements Savings Plans

In addition to your State Retirement Plan, you may contribute to one or both of the Voluntary Savings Plan. These accounts are completely funded by the employee — **the employer does not contribute.**

State of Florida 457 Deferred Comp Plan

- Several Investment Providers
- Enrollment and contribution changes are managed directly through the State website. Contributions can be started, stopped or changed throughout the year.
- Enrollment site:
<https://www.myfloridacfo.com/DeferredComp>
- Separate contribution limit from the 403(b)

University of Florida 403(b) Plan

- Investment Provider: Fidelity Investments
- Tax-Deferred and After-Tax Roth options
- Enrollment and contribution changes are managed directly through Fidelity's website. Contributions can be started, stopped or changed throughout the year.
- Enrollment site: [Netbenefits.com/UFL](https://netbenefits.com/UFL)
- Separate contribution limit from the 457

2024 limits are \$23,000/plan type (\$30,500 for age 50+)

Notify UFHR-Benefits if you contributed to either type of plan with another employer in the same calendar year so we can factor these contributions to prevent tax penalties.

Leave Landscape





Time Away

Take the time to re-charge and care for yourself and loved ones through the best and worst times and all of those in between



Vacation Leave



Sick Leave



Paid Family Leave



Holidays and Personal Leave Days

[Time Away – HR Benefits and Rewards \(ufl.edu\)](http://ufl.edu)



Time Away

Vacation Leave

- 6.769 hours/pay period
(22 days accrued/year)
- Ability to cash out lifetime maximum
of 200 hours upon termination
- Absences related to:
 - Travel
 - Leisure
 - Errands

Sick Leave

- 4 hours/pay period
(13 days accrued/year)
- No maximum annual balance
- Used for absences related to:
 - Planned medical appointments
 - Appointments for a family member
 - Personal or family illness/injury

Leave accruals based on 40-hour workweek
Vacation leave available for 12 month faculty



Time Away

- **University Holidays:** 11 paid holidays each year
New Year's Day, Martin Luther King Jr.'s Birthday, Memorial Day, Juneteenth, Independence Day, Labor Day, UF Homecoming, Veterans Day, Thanksgiving Day, Day After Thanksgiving, Christmas Day
- **Personal Leave Days:**
4 days for use during annual closing period 12/26 – 12/31
- **Bereavement Leave:**
2 days for the passing of a family member
- **Paid Family Leave:** Up to 8 weeks full pay (24-month period)
Paid Parental Leave – For family bonding after childbirth, fostering or adoption
Paid Medical Leave – A serious medical condition or one affecting an immediate family member

Leave benefits are based on the employee's salary plan

Reminders



Make sure you enroll:



**60 Days for Health Benefits &
90 days for Retirement Benefits**

Visit the Benefits website for instructions on
how to enroll



benefits.hr.ufl.edu/my-benefits/enrollment/



Make sure you review:



**Your address in
MyUfl**

Visit the Benefits website for instructions on how to update your contact information.



benefits.hr.ufl.edu/life-events/updating-directory



Make sure you add:



Your beneficiaries

- Beneficiaries are added on the Securian website which can be accessed through your People First website
peoplefirst.myflorida.com
- A toolkit for UF products is available at
benefits.hr.ufl.edu/my-benefits/enrollment



UFHR Benefits Contact Information

Email us:

benefits@ufl.edu

Message us or book a
phone/video consult:
benefits.hr.ufl.edu/contact

Call us:

(352) 392-2477

