

BENEFITS ACKNOWLEDGEMENT FORM

Name: _____

Pay Plan: (Circle One) USPS / TEAMS / FACULTY

UFID: _____ Hire Date: _____ Today's Date: _____

I acknowledge that today I received information on the following programs:**BENEFIT PROGRAMS**

1. **State Health plans, PPO or HMO Options, Traditional or Health Investor Health Plan Options** (pre-tax benefit)
2. **UF Domestic Partner and UF Partner Program Health Plans, HMO**
3. **State Life Insurance:** Basic (pre-tax) Optional (post-tax)
4. **Florida Flexible Benefits Plan** (pre-tax benefit): Medical and Dependent Care Reimbursement Accounts, Limited Purpose Medical Reimbursement Accounts, and Health Savings Accounts (HSA)
5. **Supplemental Insurance Plans** (pre-tax benefit): Dental, vision, hospital income, cancer, intensive care, short term disability, accident/accidental death and dismemberment.

Enrollment in the above plans (numbers 1-5) is available during the first 60 days of employment; during fall open enrollment; and within 31 days of certain qualifying change status events.

6. **Long Term Disability**
7. **Annual Renewable (Fixed) Term Life** (also available during Fall Open Enrollment)
8. **Long Term Care**

Enrollment in the above plans (numbers 6-8) is available during first 60 days of employment or by medical application at any time.

9. **Personal Accident**
10. **Automobile** (to enroll, contact Willis/HRH Insurance Co., Inc., of Gainesville, FL at 352-373-8521)

Enrollment in the above plans (numbers 9-10) is available at any time.

OTHER BENEFITS

1. **Sick Leave Pool**

Enrollment is available during the sick leave pool open enrollment period in October. To be eligible to join the pool, you must have a minimum balance of 64* hours of sick leave (*prorated for part-time employees). When transferring from a state agency, state university, or Santa Fe College, enrollment is available within 30 days after the effective date of appointment or during the sick leave pool open enrollment period in October.

DIRECT DEPOSIT OF PAYCHECK. Participation is mandatory and a condition of your employment.

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PREMIUMS FOR STATE HEALTH AND BASIC STATE LIFE INSURANCE PLANS are payroll-deducted automatically before taxes are computed and will not be included as reportable, taxable income. Participation may affect benefits from other tax-deferred plans. If you do not want these premiums paid from pre-tax dollars, you may waive this benefit by completing a **Pre-tax Premium Waiver** form at the time of enrollment or during a fall open enrollment period. (Medical and daycare reimbursement accounts and supplemental insurance premiums also are pre-tax; however, the pre-tax benefit may not be waived.)

ENROLLMENT IN ANY OF THE ABOVE-MENTIONED PLANS IS NOT AUTOMATIC. Coverage is not in force until you complete and sign an enrollment application and pay premiums in advance for the effective date assigned. The effective date for enrollments by new employees will be no sooner than the first day of the month following both the date of hire and payroll deduction of the first month's full premium. Effective dates vary by plan — please consult your benefits counselor.

DEPENDENT ELIGIBILITY. To confirm dependent eligibility and ensure dependent coverage, documentation must be provided no later than 60 days after the coverage effective date.

TO ENROLL IN YOUR CHOSEN BENEFITS PROGRAMS, IMMEDIATELY MAKE CONTACT WITH THE OFFICE IN YOUR AREA FOR ENROLLMENT DATES AND TIMES:

University Benefits and Retirement
903 West University Ave.
392-2477, TDD 1-800-955-8771

IFAS
2038 McCarty Hall, Bldg D
392-4777

Health Science Center
Room H-8, Ground Floor
392-3786

Physical Plant Division
106 Bldg., Room 702
392-2333

If you are transferring from a state agency, state university, or Santa Fe College, please contact Leave Administration at 392-2477 to discuss transfer of appropriate leave and University Benefits at 392-2477 to discuss transfer of State Benefits.

Other Information Received

- Web link for TEAMS/USPS Employee Handbook (if applicable)
- Web link for Academic Personnel Handbook (if applicable)

I understand that within sixty (60) days of my employment date, I may enroll in plans 1 through 8 by either enrolling myself on-line via the People First system OR by scheduling to attend a group enrollment session with the appropriate Human Resources office. **I further understand that after the 60 days following my date of employment,** I may not enroll in the State Health, State Life, Florida Flexible Benefits Plan, or the supplemental insurance plans except during the declared open enrollment period or within 31 days of certain qualifying status events. However, I may apply for the Long Term Disability Plan, Long Term Care Plan, and the Annual Renewable (Fixed) Term Life Insurance plan at any time by providing proof of insurability which meets the medical underwriting requirements.