



Human Resources

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: \$1650 Family: \$3300	Single: \$1650 Family: \$3300
Preventative Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Flexible Spending Account	\$3,300 / year Rollover max is \$660	\$3,300 / year Rollover max is \$660	Limited Purpose	Limited Purpose
Health Savings Account	No	No	ER Contribution: \$500 / \$1000 EE Contribution: \$3800 / \$7550	ER Contribution: \$500 / \$1000 EE Contribution: \$3800 / \$7550
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

Costs	Standard			High Deductible (Pair with Health Savings Account)			
	HMO	PPO		HMO and PPO		PPO Only	
Annual Deductible*	None	In Network \$250 Single \$500 Family	Out-of-Network \$750 Single \$1,500 Family	\$1,650 Single \$3,300 Family		\$2,500 Single \$5,000 Family	
Global In-Network Annual Out-of-Pocket Maximum	\$9,200 Per Indiv. \$18,400 Per Family Combined Pharmacy and Medical	\$9,200 Per Indiv. \$18,400 Per Family Combined Pharmacy and Medical	N/A	\$4,650 Per Indiv. \$9,300 Per Family (HMO) 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 the amount between the charge and the out-of-network allowance	
Specialist	\$40 Copayment	\$25 Copayment					
Urgent Care	\$40 Copayment	\$25 Copayment				Deductible then 20% of out-of-network allowance	
Emergency Room	\$100 Copayment	\$100 Copayment	\$100 Copayment				
Hospital Stay	\$250 Copayment	20% After \$250 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, \$1,00 Copay; then 40% of out-of-network allowance plus the amount between charge and out-of-network allowance	
Prescription Drug	\$7 Generic \$30 Preferred \$50 Non-Preferred	\$7 Generic \$30 Preferred \$50 Non-Preferred	Pay in Full; File Claim for Reimbursement	After Paying Deductible, 30% Network Retail and Mail Order		Pay in Full; File Claim for Reimbursement	
Up to 90-Day Supply	\$14 Generic \$60 Preferred \$100 Non-Preferred	\$14 Generic \$60 Preferred \$100 Non-Preferred					

Monthly Premium ²	Standard						High Deductible Health Plan					
	Single	Spouse	Family	Over Age Dependent (Age 26-30)	COBRA	Retiree <Age 65	Single	Spouse	Family	Over Age	COBRA	Retiree <Age 65
Career Service	\$50	\$30	\$180	\$813.46	\$829.73	\$813.46	\$15	\$30	\$64.20	\$736.80	\$751.54 Single	\$736.80 Single
Select Exempt/ Sr. Mngmt. Service	\$8.34	\$30	\$30				\$8.34	\$30	\$30		\$1,664.69 Family	\$1,632.05 Family

Medicare Tiers ³	Medicare I	Medicare II	Medicare III	Medicare I	Medicare II	Medicare III
Retiree > 65 or SSI Disability	\$430.18	\$1,243.63	\$860.35	\$324.26	\$1,061.06	\$648.52
Capital Health Plan	\$290.66	\$1,241.33	\$581.32	\$264.55	\$1,110.12	\$529.10



2025 HMO by Region



HMO Health Plans Participation in Counties by Region



Region 1

Bay
Calhoun
Escambia
Gulf
Holmes
Jackson
Manatee
Okaloosa
Santa Rosa
Walton
Washington

Region 4

Baker
Clay
Duval
Flagler
Nassau
Putnam
St. Johns
Volusia

Region 6

Citrus
Desoto
Hardee
Hernando
Highlands
Hillsborough
Manatee
Pasco
Pinellas
Polk
Sarasota
Sumter

Region 7

Martin
Okeechobee
Palm Beach
St. Lucie

Region 2

Franklin
Gadsden
Jefferson
Leon
Liberty
Madison
Taylor
Wakulla

Region 3

Alachua
Bradford
Columbia
Dixie
Gilchrist
Hamilton
Lafayette
Levy
Marion
Suwannee
Union

Region 5

Brevard
Indian River
Lake
Orange
Osceola
Seminole

Region 8

Charlotte
Collier
Glades
Hendry
Lee

Region 9

Broward
Miami-Dade
Monroe



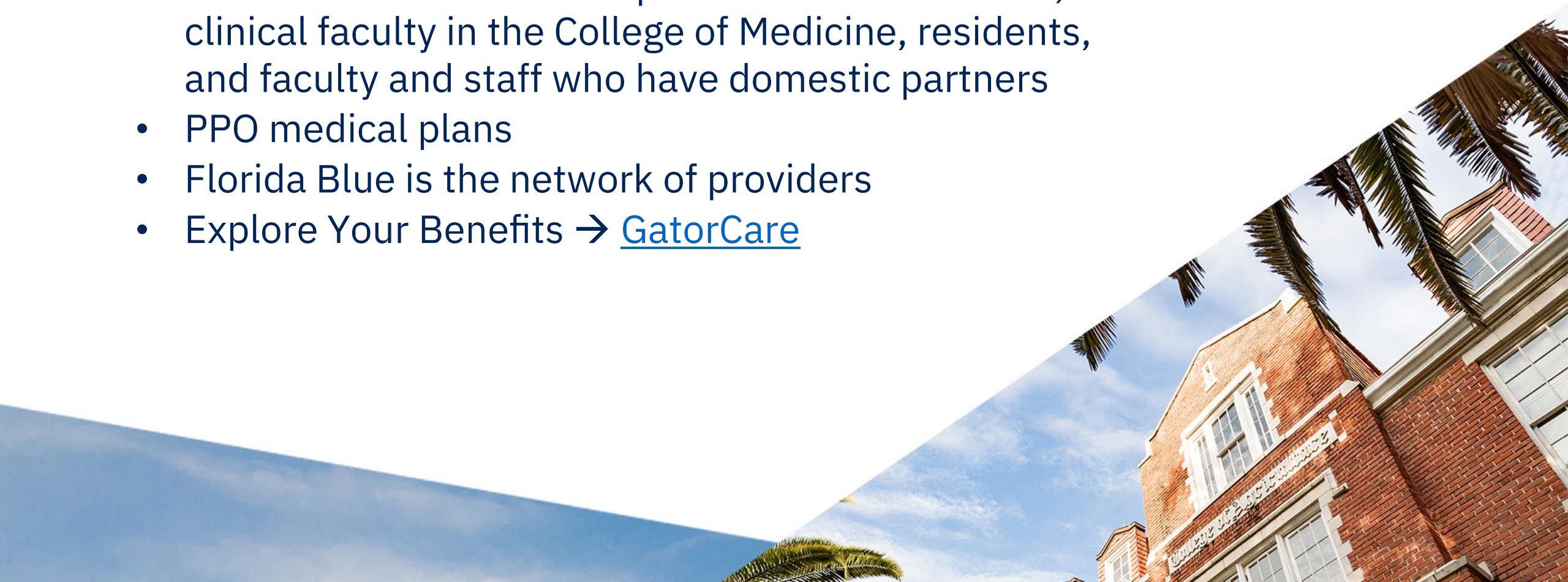
PPO Nationwide Coverage





Health Insurance – GatorCare

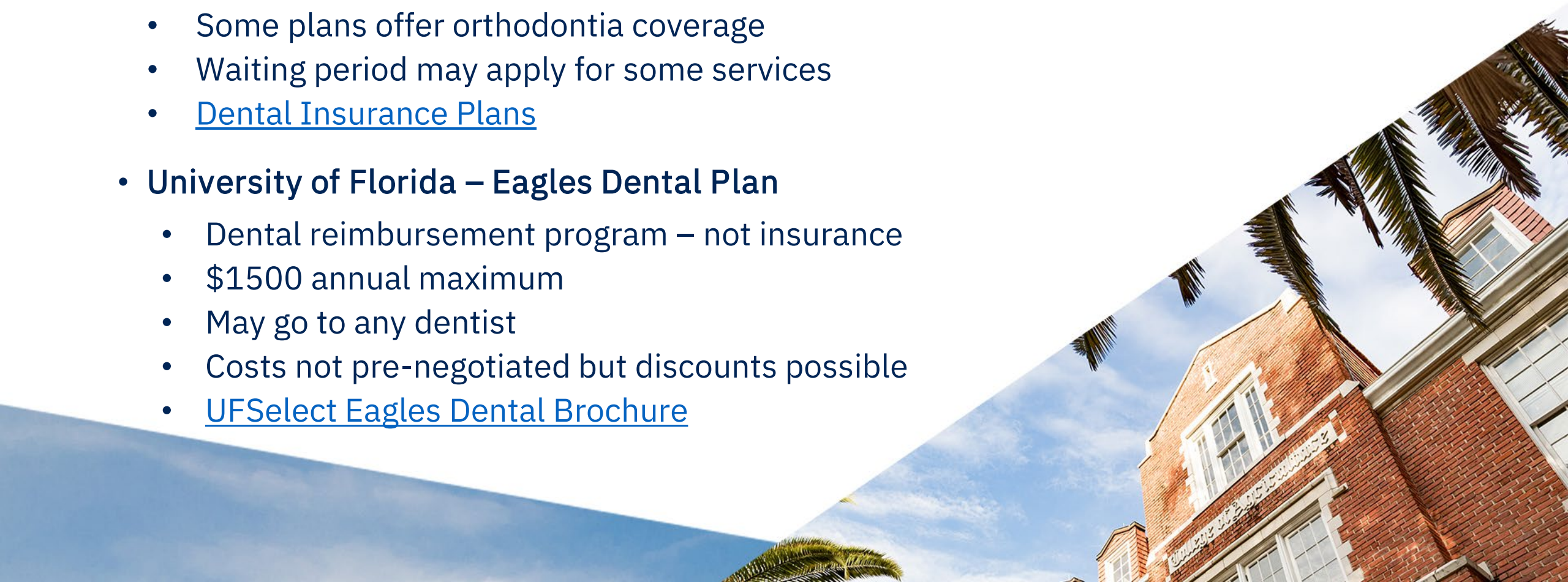
- **University of Florida**
 - GatorCare is available for postdoctoral associates, clinical faculty in the College of Medicine, residents, and faculty and staff who have domestic partners
 - PPO medical plans
 - Florida Blue is the network of providers
 - Explore Your Benefits → [GatorCare](#)





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
 - [Dental Insurance Plans](#)
- **University of Florida – Eagles Dental Plan**
 - Dental reimbursement program – not insurance
 - \$1500 annual maximum
 - May go to any dentist
 - Costs not pre-negotiated but discounts possible
 - [UFSelect Eagles Dental Brochure](#)



2025 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 dependents 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
Orthodontia 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

Dental Plan Monthly Premiums

Type of Dental Plan	Plan Code	Plan Name	Monthly Premiums			
			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	<u>Cigna Prepaid Dental</u>	\$22.81	\$44.94	\$53.59	\$68.46
	4025	<u>Sun Life Prepaid Dental</u>	\$14.93	\$25.17	\$33.26	\$43.54
	4044	<u>Humana HD205 Prepaid Dental</u>	\$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 network dentists. • You 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	<u>Ameritas Preventive</u>	\$21.64	\$40.92	\$43.80	\$64.16
	4094	<u>Humana Preventive</u>	\$20.52	\$37.98	\$42.44	\$61.60
	4033	<u>Metlife Preventive</u>	\$18.32	\$33.86	\$37.84	\$54.94
	4022	<u>Ameritas Standard</u>	\$31.64	\$59.24	\$66.32	\$96.56
	4092	<u>Humana Standard</u>	\$30.64	\$56.70	\$63.36	\$91.98
	4032	<u>Metlife Standard</u>	\$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 network dentists. • You 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: Covered for adults and children (SunLife – children only). 	4074	<u>Sun Life Indemnity</u>	\$43.55	\$83.61	\$98.83	\$130.35
	4021	<u>Ameritas Indemnity</u>	\$47.24	\$87.64	\$99.80	\$144.08
	4090	<u>Humana Indemnity</u>	\$45.76	\$84.66	\$94.60	\$137.34
	4031	<u>Metlife Indemnity</u>	\$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 pay part of the cost for the services you receive. 	4084	<u>Humana Schedule B</u>	\$14.74	\$21.96	\$23.30	\$37.10



Vision Insurance

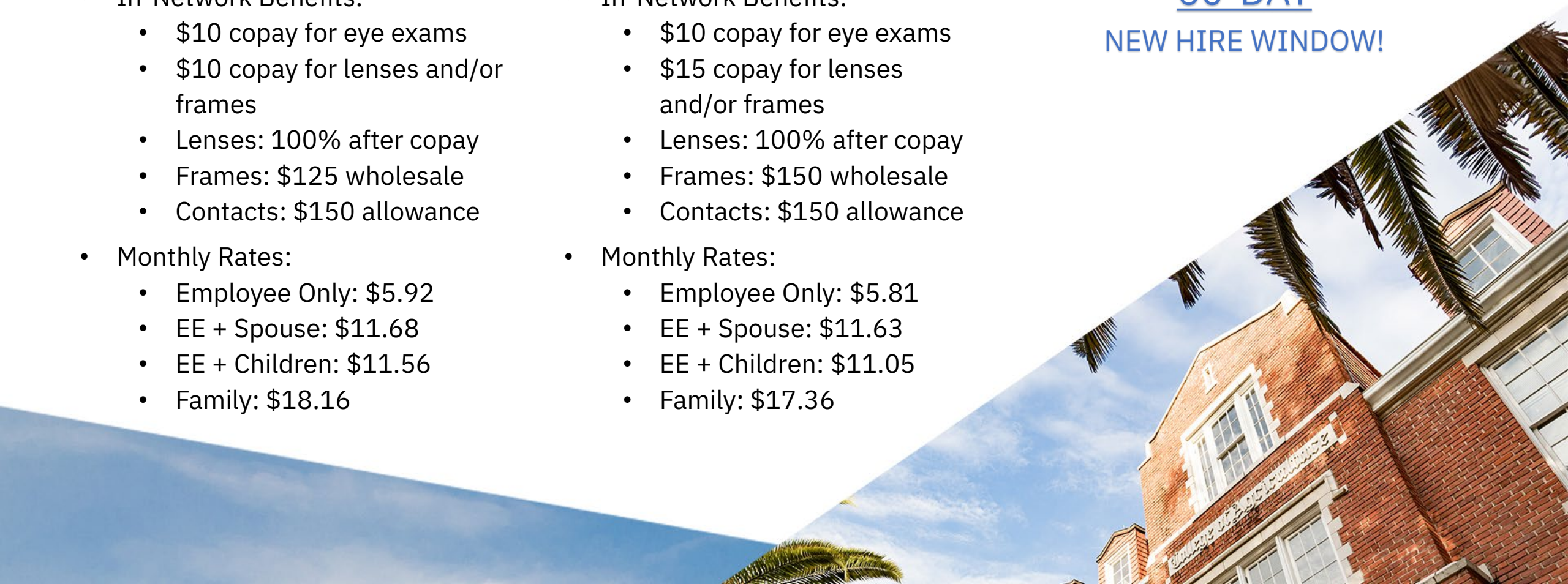
State of Florida

- 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 + Children: \$11.56
 - Family: \$18.16

UFSelect

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

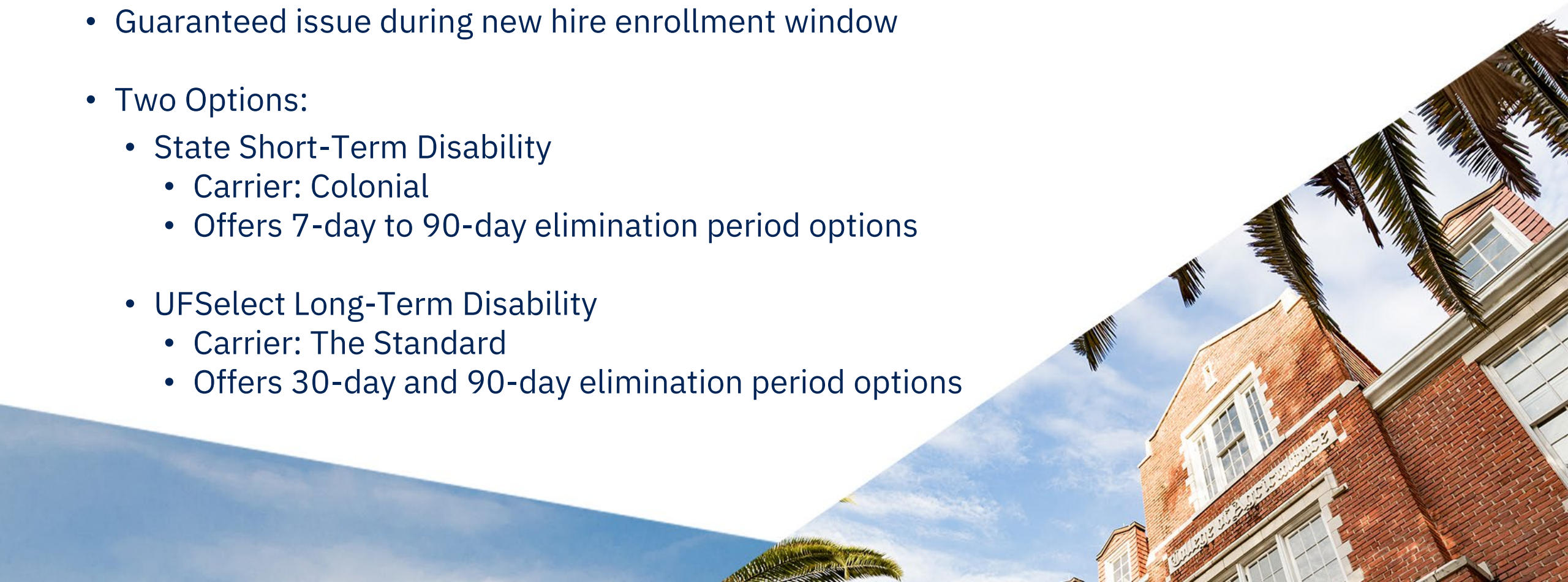
COMPLETE ENROLLMENT WITHIN
60-DAY
NEW HIRE WINDOW!





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 7-day to 90-day elimination period options
 - UFSelect Long-Term Disability
 - Carrier: The Standard
 - Offers 30-day and 90-day elimination period options





Supplemental Benefits – Life Insurance

Basic Employee Life Insurance:

Employer-paid group term life benefit of \$25,000

Carrier: Securian

State-Sponsored Optional Term Life Insurance:

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

Spouse Life: \$15,000 or \$20,000

Child Life: \$10,000

Carrier: Securian

UFSelect Term Life Insurance:

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

Spouse Life: \$5,000–\$400,000. Up to \$50,000 is guaranteed upon hire.

Child Life: \$5,000–\$25,000

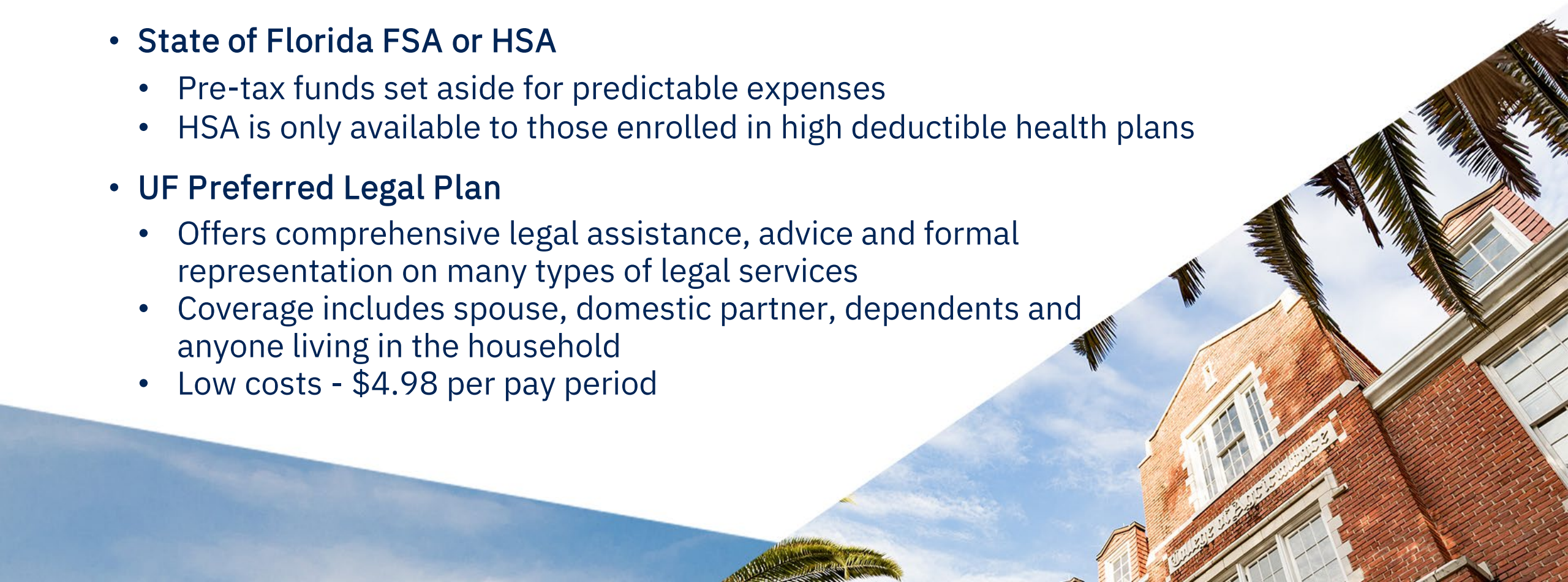
Carrier: The Standard





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 costs - \$4.98 per pay period





Coverage Effective Date

State of Florida / People First Benefits

- Coverage begins on the first day of the month after 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 may be a doubling of premiums if the employee selects an early effective date.

UFSelect / GatorCare Benefits

- Coverage is retroactive to your start date.
- Premiums are collected in the month of coverage.
- There may be a doubling of premiums if an employee waits to enroll.

COMPLETE ENROLLMENT WITHIN 60-DAY NEW HIRE EVENT WINDOW!



Enrollment Processes

State of Florida / People First Benefits

[PeopleFirst.MyFlorida.com](https://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 transcript. Follow Dependent Eligibility Verification instructions provided on the requesting letter or email.

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



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 specific benefit changes outside of new hire/open enrollment. Supporting documentation may be required. Changes permitted are based on the type of event.
 - Marriage/Divorce
 - Birth/Adoption
 - Change of Dependents
 - Employment Changes
 - Loss of Coverage
- 60-day enrollment window from date of event.
- 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.

State of Florida



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

University of Florida



Receive via your UF email address

Confirm that your **MAILING ADDRESS** is correct:

- Go to <https://one.uf.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.
- **This update will transfer to People First overnight.** People First addresses cannot be modified directly.



Transitioning from OPS to TEAMS later?

This is NOT a Qualifying Status Change for State of Florida benefits UNLESS:

- You change from part-time to full-time (at least 30 hours weekly).

You would be able to enroll **only** in the benefits you did not have access to before:

- UFSelect Plans
- GatorCare Health (domestic partnerships only)
- FRS or SUSORP Retirement Plans

Enroll in State of Florida benefits now to ensure you don't miss out on health insurance!



Employee Education Program (EEP)

Professional Development Opportunity

- Covers up to 6 credits of eligible coursework per semester term.
- Available for eligible full-time employees who have worked at least 6 months and are in good standing.
- Eligible based on work location:
 - Alachua County: University of Florida
 - Outside Alachua County: UF or the public State of Florida university closest to the work location.
- Must be admitted to UF or the eligible university as a degree-seeking or non-degree seeking student.

Additional details can be found on the [Employee Education Program website](#).

EEP Program Coordinator: Verlissa Ford, eep@admin.ufl.edu, 352-273-0149



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 Program (SUSORP). Certain faculty positions in the College of Medicine and Health Science Center are mandated to participate in the SUSORP.
- An FRS enrollment packet will be sent to the **mailing address** on file.



[State Retirement Plan Comparison - Pros and Cons](#)



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
- You will choose an investment provider and fund lineup
- You may contribute up to an additional 5.14% of pay – same contribution limit as voluntary 403(b)

FRS Investment Plan

- Defined Contribution Plan
- Vesting - 1 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
- Benefit paid monthly based on a formula (salary and years of service)
- Guaranteed benefit for life
- 2nd election to Investment Plan is available
- Disability retirement benefit is available
- May qualify for a health insurance subsidy
- Deferred Retirement Option Program (DROP)

NOTE: For those employees eligible for the SUSORP, you have 90 days to enroll.
If you do not make an active election into the Pension Plan within 8 months, you will be automatically enrolled in the Investment Plan.



State Retirement Plans - SUSORP

Two-Step SUSORP Enrollment Process

1. Complete the [ORP-ENROLL form](#) and send to UFHR Benefits via fax at (352) 392-5166 or by email at 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 Providers List – HR Benefits and Retirement \(ufl.edu\)](#)

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: _____ mm/dd/yyyy Gender: Male ☐ Female ☐
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	Voluntary Employee Contribution
TIAA	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.	Total percentage must not exceed 5.14% of your salary.
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: _____

SECTION V EMPLOYER: PLEASE COMPLETE INFORMATION BELOW AND SUBMIT TO THE DIVISION OF RETIREMENT

Agency Name: _____ Agency Number: _____
Class Code: _____ Position Number: _____
Position Title: _____
Date of Employment in SUSORP Eligible Position: _____ Effective Date: _____

I certify that the above information is correct, and this member is employed in a SUSORP-eligible position and has executed a contract(s) with the SUSORP provider(s) elected above.

Authorized Personnel Signature _____ Date _____



State Retirement Plans – Investment or Pension

FRS Investment or Pension Plan Enrollment

1. Submit the [Online Enrollment Form \(ELE-1 Online\)](#) indicating FRS Investment Plan or FRS Pension Plan. No pin or account login is required.
2. If you are in a SUSORP-eligible class, you must also submit the [ORP-ENROLL form](#) to UFHR Benefits via fax at (352) 392-5166 or by email at benefits@ufl.edu (without SSN) indicating that you want to be an FRS member (complete Sections I, II & IV only).

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		
General Retirement Plan Enrollment Form		
For Regular, Special Risk, and Special Risk Administrative Support Class Employees		
Your plan choice is due by 4:00 p.m. ET on the last business day of the 8th month following your month of hire. Please complete all fields, review the information on the last page, then click "Submit." Items marked with an asterisk (*) are required fields.		
LAST NAME*	FIRST NAME*	MIDDLE INITIAL
<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER*		DATE OF BIRTH (MM/DD/YYYY)*
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>
1	Select Your Plan*	<input type="checkbox"/> FRS Investment Plan <input type="checkbox"/> FRS Pension Plan <input type="checkbox"/> FRS Hybrid Option
2	Choose Your Funds*	If you selected the FRS Investment Plan or the FRS Hybrid Option, you must choose your Investment Plan funds. <input type="checkbox"/> Choose a Retirement Date Fund for me. Your Plan contributions will be invested in an age-appropriate Retirement Date Fund. Do not complete page two if you selected this option. Complete and submit page one only. <input type="checkbox"/> I have indicated my choices in the "Choose Your Funds" section of this form. Complete and submit page two if you selected this option.
3	Acknowledgement*	<input type="checkbox"/> I acknowledge that I have read and understand the information on page 2 and/or 3 of this Enrollment Form and 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, my date of birth, my plan choice, and my signature.
4	Sign Here*	ELECTRONIC SIGNATURE* (Type your first and last name here) <input type="text"/> See last page for information on your electronic signature. DATE <input type="text"/> EMPLOYER NAME <input type="text"/> PERSONAL EMAIL <input type="text"/> <input type="checkbox"/> MOBILE (RECOMMENDED) <input type="checkbox"/> OTHER PHONE NUMBER WITH AREA CODE <input type="text"/>
TO SUBMIT YOUR ELECTION, REVIEW THE INFORMATION ON THE LAST PAGE THEN AT THE BOTTOM OF THE PAGE COMPLETE THE "CAPTCHA" THEN CLICK "SUBMIT".		



Voluntary Retirement Savings Plans

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

State of Florida 457(b) Deferred Comp Plan

- Several Investment Providers
- Tax-Deferred only until June 30, 2026 **unless** you previously participated in a Roth option.
- Enrollment and contribution changes are managed directly through the state website. Contributions may 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 may be started, stopped or changed throughout the year.
- Enrollment site: [Netbenefits.com/UFL](https://netbenefits.com/UFL)
- Separate contribution limit from the 457(b)
- Same limit as voluntary SUSORP contributions

2025 limits are \$23,500/plan type (\$31,000 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 those contributions into your current deductions to prevent tax penalties.

Leave Landscape





Time Away

Take the time to recharge and care for yourself and loved ones through the best and worst times and everything in between!



Vacation Leave



Sick Leave



Paid Family Leave



Holidays & Personal Leave

[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
- Used for 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 Plans**

Visit the Benefits website for walkthrough guides on how to enroll:



<https://hr.ufl.edu/benefits/enrollment-management/>



Make sure you review:



Your mailing address
in ONE.UF / myUFL

Visit ONE.UF to update your contact information:



<https://one.uf.edu/directoryprofile/>

Instructions available on [UF Benefits – Life Events](#)



Make sure you add:



Your beneficiaries

- Beneficiaries for state life insurance are added on the Securian website, which can be accessed through your People First account at peoplefirst.myflorida.com
- A toolkit for adding beneficiaries to UF products is available at <https://hr.ufl.edu/benefits/enrollment-management/>

UFHR Benefits Contact Information

Email us:

benefits@ufl.edu

Book an in-person or video consult:

<https://hr.ufl.edu/benefits/support/>

Call us:

(352) 392-2477

