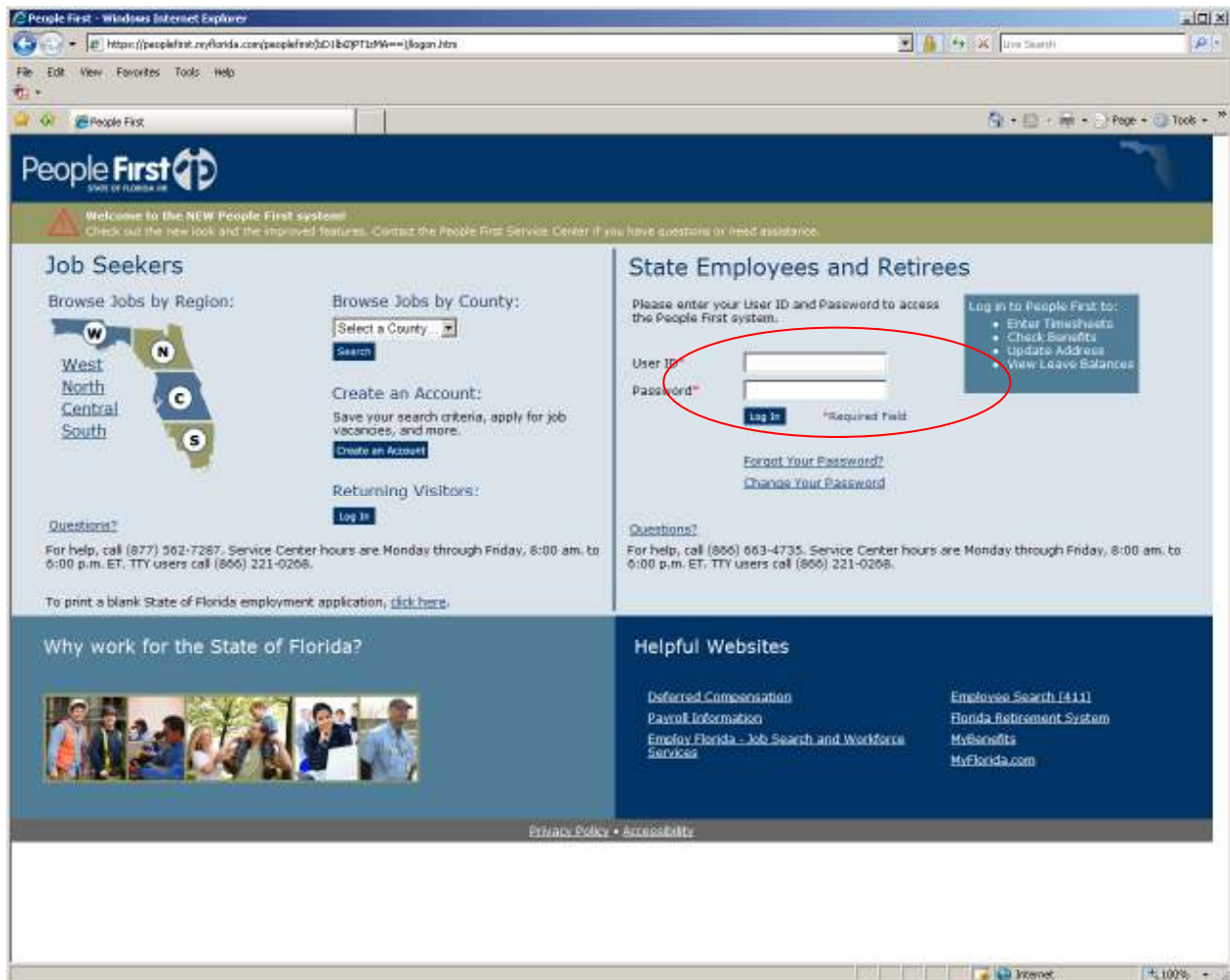
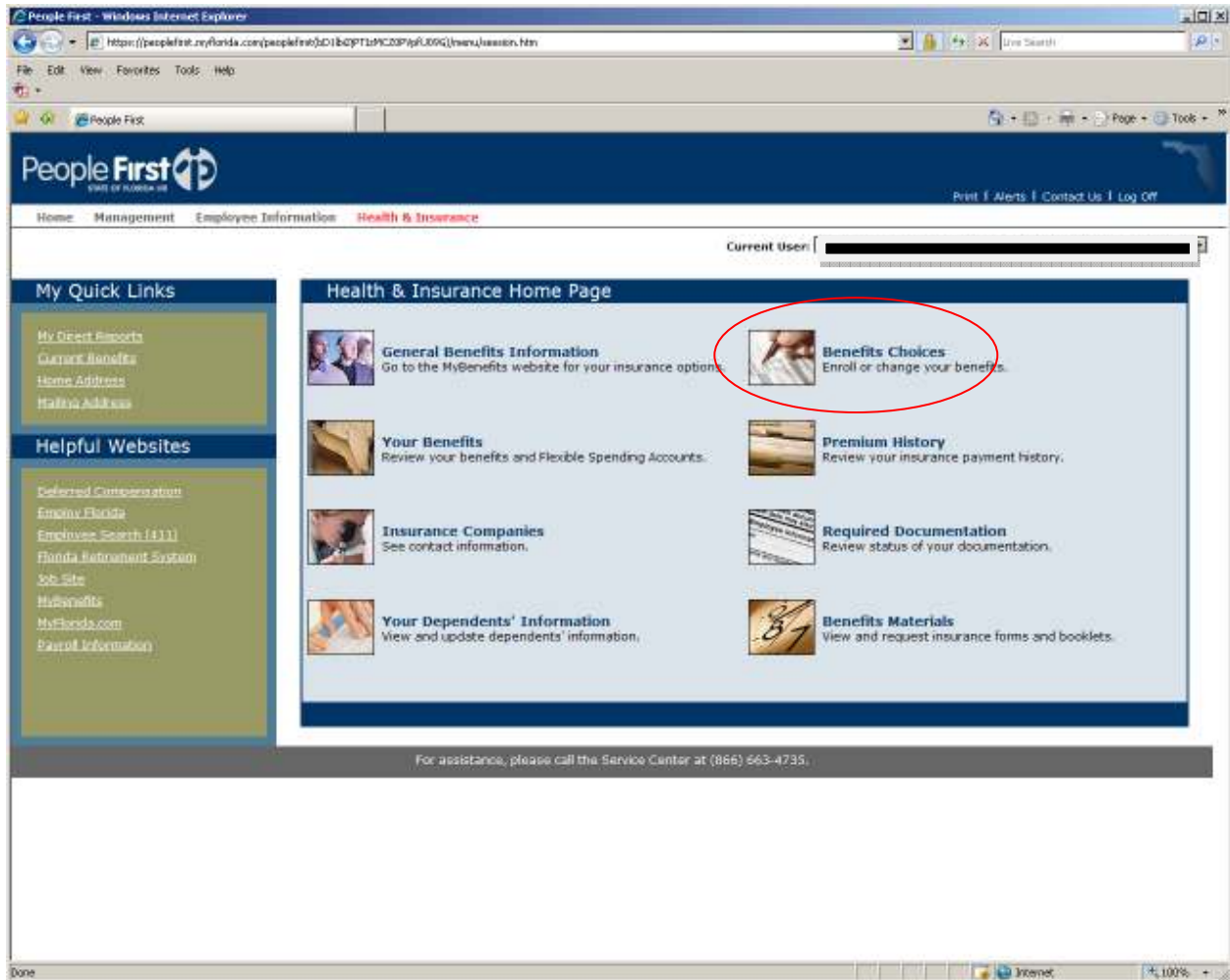


# Enrolling for Your Benefits via People First

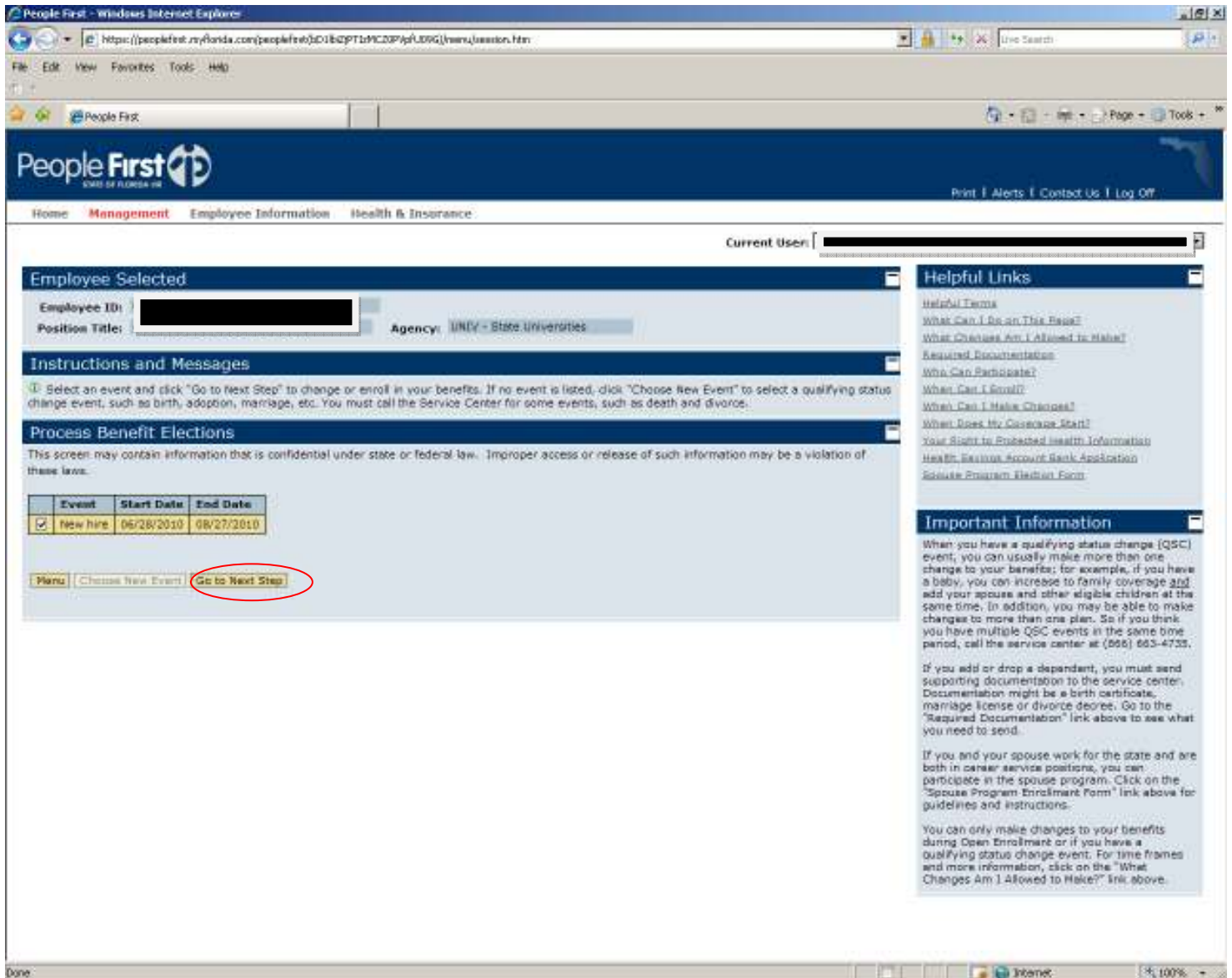


1. Log on to People First (PF) website at <https://peoplefirst.myflorida.com>
2. Sign on with your PFID (not your UCFID) and password. (Call PF at 1-866-663-4735 if you're PFID and Password is unknown)

**-Important Note: Your new hire appointment must first be processed in the UCF payroll system before PF can assign a PFID.**



3. On your PF home page click the Benefits Choices Link.



4. New Hire event will display on the screen. Click Go to Next Step.

People First - Windows Internet Explorer

https://peoplefirst.florida.com/peoplefirst/BD182PT2MCDP/pfUDRG/wwm/selection.htm

File Edit View Favorites Tools Help

People First

Print Alerts Contact Us Log Off

Home Management Employee Information Health & Insurance

Current User: [Redacted]

### Employee Selected

Employee ID: [Redacted]  
Position Title: [Redacted] Agency: UNV - State Universities

### Instructions and Messages

Step 1: Click "Register Dependent" to add a dependent to your list. Repeat for all of your eligible dependents. Note: registering dependents does not enroll them in your benefit plans. Enroll your dependent in Step 2.  
Step 2: Click "Go to Next Step" to change or enroll in your benefits and to add or remove dependents for each of your benefit plans.

### Process Benefit Elections

This screen may contain information that is confidential under state or federal law. Improper access or release of such information may be a violation of these laws.

Dependent Name	Date of Birth	Relationship Type	Gender	Effective Date
No records exist				

Page 0 of 0

Back Update Dependent **Register Dependent** Go to Next Step

### Helpful Links

- Helpful Terms
- What Can I Do on This Page?
- What Changes Am I Allowed to Make?
- Required Documentation
- Who Can Participate?
- When Can I Enroll?
- When Can I Make Changes?
- When Does My Coverage Start?
- Are My Dependents Eligible?
- Your Right to Protected Health Information
- Spouse Program Election Form

### Important Information

You must provide documentation within 60 days of adding a dependent or changing to family coverage. Click on the "Required Documentation" link above to see what you need to send to the service center.

Refer to the "Are My Dependents Eligible?" link to see if your dependents aged 19-30 can participate.

To be enrolled in your family plan, your dependent, aged 19 through 25, must be financially dependent on you and either be living with you or be a student.

If you and your spouse work for the state and are both in career service positions, you can participate in the spouse program. Click on the "Spouse Program Enrollment Form" link above for guidelines and instructions.

5. Click the Register Dependent to enter each of your dependents. (If enrolling in Individual Coverage for all your plans, skip this step)

6. Click Go to Next Step.



7. Complete dependent data for each family member that will be covered by your plans and click the

Save button. (If enrolling in Individual Coverage for all your plans, skip this step)

8. Click the Continue Button.

- **Note: This section is designed to capture dependent data and does not enrollment into a particular plan.**

People First - Windows Internet Explorer

https://peoplefirst.florida.com/peoplefirst/01182PT12MC03P/afUD9G/home/selection.htm

File Edit View Favorites Tools Help

People First

Print Alerts Contact Us Log Off

Home **Management** Employee Information Health & Insurance

Current User: [REDACTED]

**Employee Selected**

Employee ID: [REDACTED]  
 Position Title: [REDACTED] Agency: UNIV - State Universities

**Instructions and Messages**

Be sure all of your eligible dependents are registered before continuing. Click "Next Tab" to enroll them in the plans you want.  
 This screen shows your current benefits. To add insurance coverage or to make changes for one or more of these plans, select the appropriate tab.

**Process Benefit Elections**

This screen may contain information that is confidential under state or federal law. Improper access or release of such information may be a violation of these laws.

Current Plans Health Basic Life Optional Life Flex Spend Acct Vision Dental Accident/Disab Cancer Hospitalization

Cancel Next Tab

**Summary of Health Insurance Plans**

Plan Name	Coverage	Plan Effective Date	Coverage Date	End Date	Monthly Cost	Medical Underwriting
No Coverage Selected						

**Life Insurance Summary**

Plan Name	Coverage	Plan Effective Date	Coverage Date	End Date	Monthly Cost	Medical Underwriting
No Coverage Selected						

**Flex Spending Account Summary**

Plan	Annual Contribution	Plan Effective Date	Coverage Date	End Date
No Coverage Selected				

Cancel Next Tab

**Helpful Links**

- Helpful Terms
- What Can I Do on This Page?
- Provider Information
- Health Savings Account Bank Application
- Are My Dependents Eligible?

**Important Information**

You must provide required documentation within 60 days of your qualifying event or your coverage may be ended retroactively. Falsifying documents, misrepresenting dependent status, or using other fraudulent actions to gain coverage may be criminal acts. The People First Service Center is required to refer such cases to the State of Florida.

You can only make changes to your benefits during the annual open enrollment period or if you or your eligible dependents experience a qualifying event, such as birth, marriage, or change in employment status (part-time to full-time, for example.)

You may have to reimburse the State, insurance companies, or medical providers for all paid services if you've provided inaccurate information or do not timely report ineligibility.

Done

9. Navigate to the plans you wish to enroll in by selecting the specific tabs.

**Instructions and Messages**

- If you are enrolling in a family plan, be sure to select all dependents you wish to cover under this plan.
- The plan costs that are displayed represent the monthly amount based on single deductions. If you are an 8, 9 or 10 month faculty member, your monthly deduction amounts may differ.

**Process Benefit Elections**

This screen may contain information that is confidential under state or federal law. Improper access or release of such information may be a violation of these laws.

Current Plans: **Health** Basic Life Optional Life Flex Spend Acct Vision Dental Accident/Disab Cancer Hospitalization

Previous Plan **Next Plan** Summary/Last Step

Plan	Coverage	Monthly Cost
<input checked="" type="checkbox"/> Cancel/Waive Insurance	No Coverage	
<input type="checkbox"/> State PPO Plan	Individual	50.00
<input type="checkbox"/> State PPO Plan	Family	180.00
<input type="checkbox"/> State HDHP PPO Plan	Individual	15.00
<input type="checkbox"/> State HDHP PPO Plan	Family	64.30
<input type="checkbox"/> AvMed HMO	Individual	50.00
<input type="checkbox"/> AvMed HMO	Family	180.00
<input type="checkbox"/> AvMed HDHP HMO	Individual	15.00
<input type="checkbox"/> AvMed HDHP HMO	Family	64.30
<input type="checkbox"/> United Healthcare HMO	Individual	50.00
<input type="checkbox"/> United Healthcare HMO	Family	180.00
<input type="checkbox"/> United Healthcare HDHP HMO	Individual	15.00
<input type="checkbox"/> United Healthcare HDHP HMO	Family	64.30

Page 1 of 1

Previous Plan **Next Plan** Summary/Last Step

**Important Information**

**HRRP:**  
Are you enrolling in a Health Investor Health Plan (HIHP)? If so, you should know that you will pay the first \$1250 (\$2500 for family) for all services and prescriptions before anything, except some preventive care, is covered. If you see an out of network provider, your costs will be even higher. To keep your out-of-pocket expenses down, use only network providers.

If you enroll in an HIHP, you should enroll in a Health Savings Account (HSA) to get the State's monthly contribution to your HSA. You may also contribute pretax money to pay for eligible expenses. Click the Flex Spend Acct tab to enroll in the HSA or to waive participation. A State of Florida HSA bank account through Tallahassee State Bank is required for this program. Print and complete the HSA bank application (see link above) and mail it to the address on the form.

**HMO:**  
If you already have a doctor, if you're enrolling in an HMO, call your doctor's office to be sure they participate in the plan you want. If not, choose a new doctor or a new plan.

If you do not have a doctor, confirm that there are several doctors in your area who participate in the HMO in case you need to change doctors. Call the doctor's office and ask if they participate in the HMO and are accepting new patients for the HMO you're choosing.

Be sure you select an HMO that has doctors who are accepting new patients. Whatever choice you make now will be in effect for the entire plan year. If you're dissatisfied with your HMO or doctor or if the doctor drops from the plan, you must remain in the HMO. You can, however, choose a new participating doctor within that HMO.

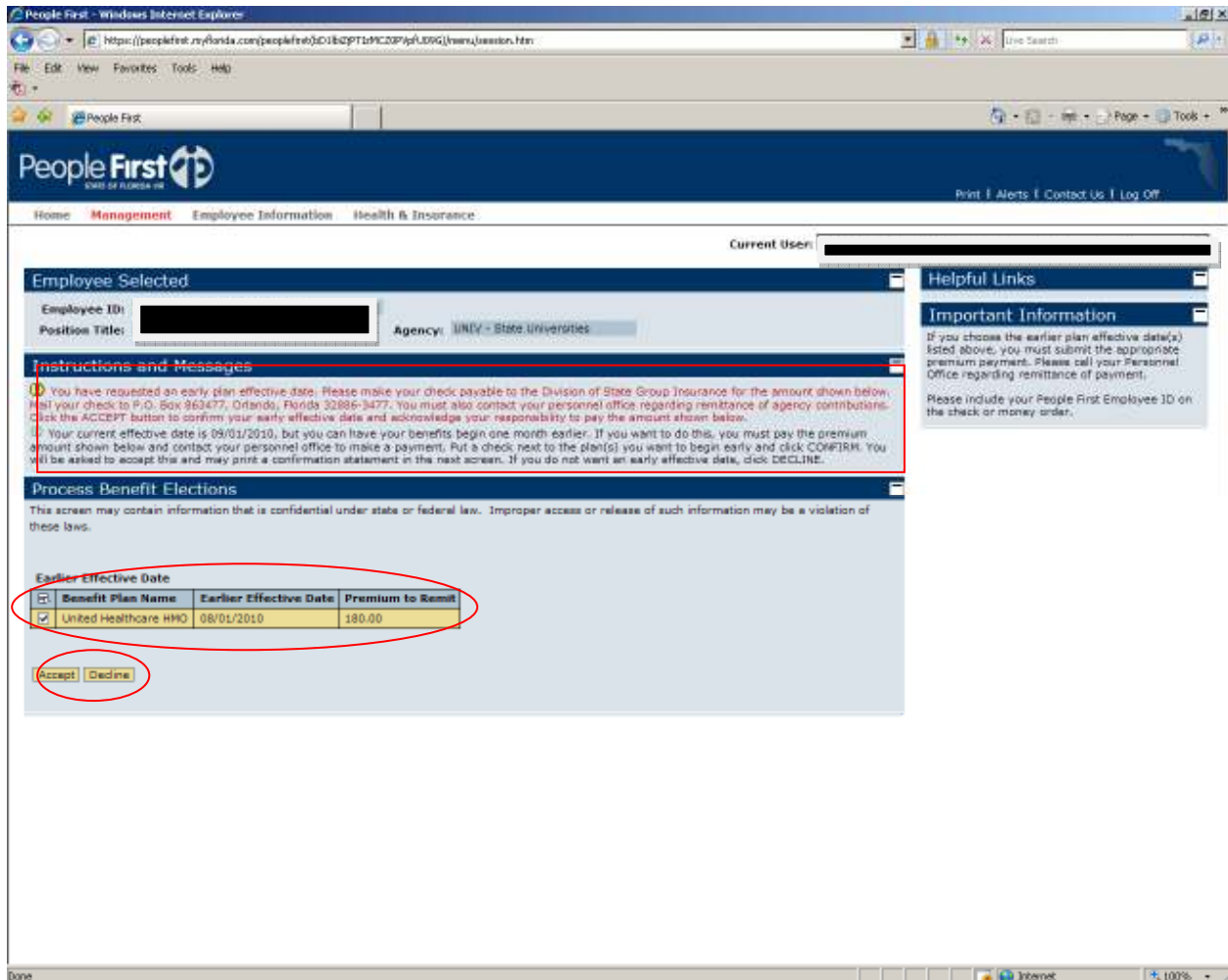
**All Plans:**  
For plan details, go to the MyBenefits Website (link above), call your insurance company, or read the brochure in the "Benefits Materials" section under the People First Health and

10. Select Plan -- either Individual or Family coverage. (For family coverage, be sure to select all dependents that should be covered)

11. Click on the Next Plan Button to select other plans.

12. Once you've selected all of your plans, click the Summary Enroll Button.

13. Review the Message Area or Important Notes on each screen for additional information or reminders.



Based on your hire date, where we are in the payroll cycle, and when you enroll, the system automatically generates the earliest effective date the coverage can begin

- The Message Area will indicate your normal effective date OR
- You may select the early effective date displayed in the box, by selecting the plan
  - Contact University Benefits if you would like an early effective date
  - Early effective dates can only be requested on Health and Basic Life plans

14. Click the Accept Button or Decline Button based on your preference.

**Process Benefit Elections**

This screen may contain information that is confidential under state or federal law. Improper access or release of such information may be a violation of these laws.

Change Summary | Health | Basic Life | Optional Life | Flex Spend Acct | Vision | Dental | Accident/Disabl | Cancer | Hospitalization

**Complete Enrollment** | Cancel

**Summary of Health Insurance Plans**

Plan Name	Coverage	Plan Effective Date	Coverage Date	End Date	Monthly Cost	Medical Underwriting
United Healthcare HMO	Family	08/01/2010	08/01/2010	12/31/9999	180.00	N/A

**Dependents**

Plan Name	Dependent Name	Dependent Type	Birth Date
United Healthcare HMO		Spouse	09/28/1935
United Healthcare HMO		Child	10/27/1992
United Healthcare HMO		Child	03/05/1997

**Life Insurance Summary**

Plan Name	Coverage	Plan Effective Date	Coverage Date	End Date	Monthly Cost	Medical Underwriting
No Coverage Selected						

**Flex Spending Account Summary**

Plan	Annual Contribution	Plan Effective Date	Coverage Date	End Date
No Coverage Selected				

**Complete Enrollment** | Cancel

15. When satisfied with all your enrollments click the Complete Enrollment Button

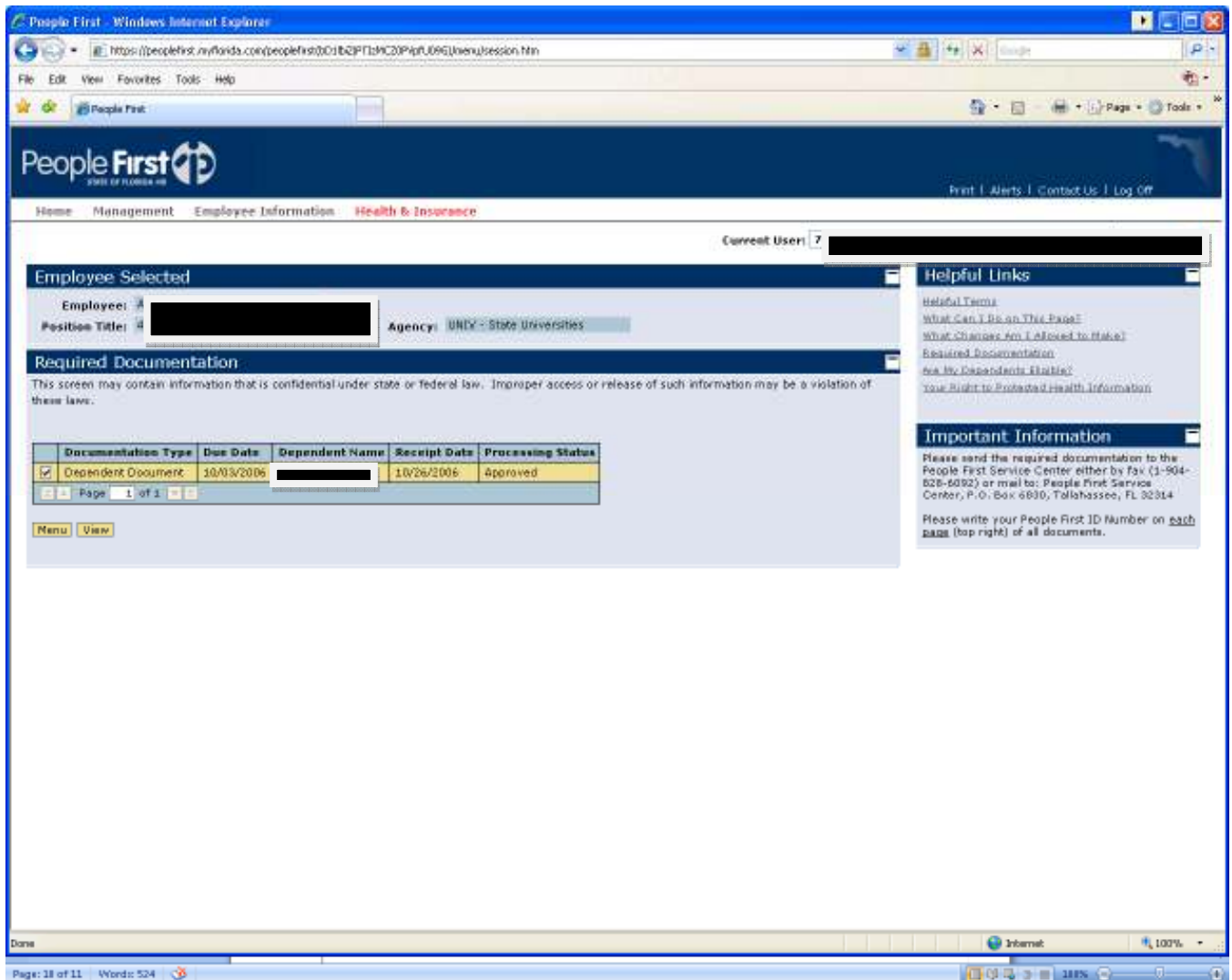
•Important Notes:

- For any changes after you've clicked Complete, contact the People First Service Center at 866-663-4735.
- Once you enroll you'll have the option to print your benefits confirmation statement.
- Always keep a copy of your on-line enrollment as back up documentation.

Remember to mail or fax in Dependent documentation such as marriage and birth certificate within 60 days of your coverage date.

- For coverage under Blue Cross, Blue Shield, don't forget to submit your Certificate of Creditable Coverage to request a pre-existing condition waiver. Certificates are generally sent by your former health provider when you terminate coverage. Contact your former health plan if you have not received one.

- Write your name and PFID on each document. Mail or fax your documents to PF at 1-800-422-3128.



- To review other plan information go to your PF home page and click on General Benefits Information

- You may also view other links such as premium history, provider information, required documentation, benefits materials such as brochures and forms, etc.

Questions? Call or email UCF Benefits at 407-823-2771 or [benefits@mail.ucf.edu](mailto:benefits@mail.ucf.edu)

