Online Enrollment Guide Flexible Spending Account

State of Delaware Flexible Spending Account Plan



YOU MUST ENROLL EACH PLAN YEAR online during Open Enrollment to continue participation in the FSA Program. Elections **DO NOT** rollover to the next plan year automatically. If you do not enroll during Open Enrollment, then you must wait until the next Open Enrollment Period or until a qualifying event occurs that would justify a mid-year election change.

Online Enrollment and Elections
Please enter your Employee Identification Number:
State of Delaware Flexible Spending Account Plan Online Enrollment and Elections
Please Enter the first 3 letters of your last name:

Access the **ASIFlex Online Enrollment Site** by logging into <u>Employee Self-Service</u> through my.delaware.gov.

Enter your Employee Identification Number (Six-digit Employee ID **PLUS** the last four digits of the Social Security Number).

Click "Continue".

Enter the first three letters of last name and then the initial of first name.

Click "Continue".

Employees may be prompted to enter full first name, last name or re-enter Employee Identification Number (Employee ID plus the last four digits of your social security number) for verification purposes.

Why doesn't the system recognize my information?

Please enter the initial of your first name:

If system does not recognize your information, it may be due to:

- **Did not enter the Employee Identification Number correctly**. It is your 6-digit employee ID, plus the last four digits of your social security number (no dashes or spaces).
- **Did not enter name correctly**. The name provided to ASI is what is entered into PHRST. This will include initials, hyphenations, pre-fixes, suffixes, etc.

Make your selection from the list of available choices below:						
 Flexible Spending Account Elections 						
OMass Transit / Van Pool Elections						
O Parking Elections						
○ Log out						

Select "Flexible Spending Account Elections".

Click "Continue".

Note: If you wish to make a change to your FSA Open Enrollment elections, you may login and enroll again anytime during Open Enrollment using this procedure. The last enrollment submitted will be applied to your FSA participation.

Health Care Account (HCFSA)

If you wish to participate:

Select "Health Care Account".

Select either Pay Period or Total for the Plan Year to enter your deductions.

You may then enter either the Pay Period Amount or Annual Amount.

Click "Calculate".

Click "Continue".

If you **do not** wish to participate:

Select "Decline".

Click "Continue".

Flexible Spending Account Elections

Health Care Account (Qualified expenses include medical, dental, vision and prescriptions for you and your qualified dependents.)

You may choose to participate in the Health Care Account or you may decline to enroll in this portion of the program:

- Health Care Account
- Decline, I realize I am forfeiting this cost-saving benefit.

Health Care Account

Out-of-pocket medical, dental, vision, hearing expenses not paid by Insurance for you and your qualifying dependents

Minimum Annual Election - \$50.00

Maximum Annual Election - \$3,300.00

- Prescription drug and office visit co-pays Coinsurance, deductibles
- X-ray, lab, hospital, doctor expenses
- Mileage to/from healthcare providers
- Over-the-counter healthcare products
- Over-the-counter medicines/drugs
- Vision exams, eyeglasses, prescription sunglasses, over-the-counter reading glasses
- Contact lenses, cleaning solutions, vision correction surgery
 Dental exams, x-rays, fillings, crowns, bridges, dentures, denture adhesives, occlusal guards, orthodontia
- Hearing exams, hearing aids and batteries

Would you like to enter your elections by pay period or total for the plan year?

- Pay Period
- O Total for the plan year

Please enter the Pay Period Amount you would like to have deducted. Then click on the Calculate button to have the Annual Amount calculated based on the number of pay periods for the year.

Pay Period Amount	Pay Periods		Annual Amount	
\$0.00	X 26	=		Calculate

Dependent Care Account (DCFSA)

If you wish to participate:

Select "Dependent Care Account".

You will be required to confirm the age and number of dependents covered under the Dependent Care FSA when enrolling.

Select either Pay Period or Total for the Plan Year to enter your deductions. You may then enter either the Pay Period Amount or Annual Amount.

Click "Calculate".

Click "Continue".

If you **do not** wish to participate:

Select "Decline".

Click "Continue".

Flexible Spending Account Elections

Dependent Care Account (Qualified expenses include care for the protection and well-being of a child (under age 13) or elder dependent while you work.

You may choose to participate in the Dependent Care Account or you may decline to enroll in this portion of the program:

- Dependent Care Account
- Decline, I realize I am forfeiting this cost-saving benefit.

Dependent Care Account

Child or adult daycare expenses while you work, look for work, or while your spouse is in full-time school Note: This is not health care

Minimum Annual Election - \$50.00

Maximum Annual Election - \$5,000.00 (\$2,500.00 if married, filing separate tax returns)

- Work-related child or adult daycare expenses
- Preschool (pre-kindergarten)
- Nursery school
- Before school or after school care
- Adult care for qualifying dependent age 13 or older

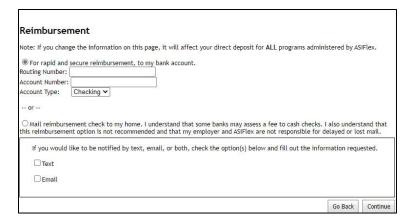
Would you like to enter your elections by pay period or total for the plan year?

- Pav Period
- Total for the plan year

Please enter the Annual Amount you would like to have deducted. Then click on the Calculate button to have the Pay Period Amount calculated based on the number of pay periods for the year.

Total for the Plan Pay Period Pay Periods

\$5,000.00 = \$192.31 Calculate



Reimbursement

Select preferred method of reimbursement.

Select your preferred notification method (*you may select both*).

Click "Continue".

Debit Card

Choose **Yes** or **No** to indicate if you wish to receive a debit card. If you are a current debit card holder, you **MUST** choose yes if you would like your card to be funded for the new plan year.

Click "Continue".

Debit Card Application for Health Care FSA

Complete the Debit Card Application. Click "Continue".



<u>IMPORTANT</u>: The ASIFlex Debit Card provides a convenient method to pay for out-of-pocket health care expenses. The debit card is **NOT** paperless and **DOES NOT** eliminate paperwork.

Review Before Sending

Review and confirm your elections. (Use "Go Back" to change your enrollment elections. Do not use the web browser navigation to return to a page, otherwise **ALL** information will be **LOST**. The enrollment will **NOT** be completed.)

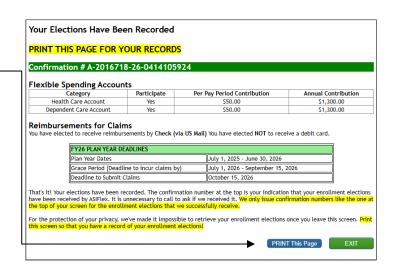
Click "Confirm" to complete your enrollment.

Your Elections Have Been Recorded

Print or save this page for your records as proof of your plan year elections and as a reminder of plan year deadlines.

<u>IMPORTANT</u>: It is highly recommended to print or save this screen for your records. A copy of the confirmation will be **REQUIRED** for any enrollment corrections.

Click "EXIT".



Call ASIFlex at (800) 659-3035 if you need assistance with enrollment or have plan questions.