

FLEXIBLE SPENDING ACCOUNTS

Online Open Enrollment Instructions

Online Open Enrollment is available from 04/26/2022-5/6/2022

Your FSA Plan Year is: 6/1/2022-5/30/2023

Maximum Healthcare Account (FSA) Election: \$2,850/year

Minimum Election: \$100

How to enroll online:

- 1. Access your HRCTS FSA Online Portal by going to <u>www.hrcts.com</u>. If you have not previously registered, select **create your new username and password** and follow the prompts.
- 2. Log on by entering your username and password.
- 3. Click the <u>ENROLL NOW</u> link and follow the prompts to enroll. Detailed instructions are below.
- 4. Once completed, print the confirmation for your records.

Sign up online today and let the savings begin!



PARTICIPANT PORTAL: ONLINE FSA ENROLLMENT INSTRUCTIONS

Using the online enrollment process, you may complete an intuitive, streamlined **6-step** process to get the education along with your enrollment... with no paper.



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EXI	isting User'	2		S	letting up a New A	ccount?			
Log	gin to your a	iccount		It's easy to apply for a new account. Click 'Get Started' below to begin.					
Use	ername	jgreen			Code				
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					Get S	started			
		Login							
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Last	Login: 6/19/201	4 - Online					Logout		
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			Last Login: 7/27/2014
Participant Profile			
steps: 1 2 3	4 5 6		
		,	
First Name: *	Jodi		
Middle Initial:			
Last Name: *	Sams		
Social Security Number:			
Consumer Communication ID:	870112321		
-			
Country:*	United States	•	
Address Line 1: *	123 Main Street		
Address Line 2:			
Address Line 2:			
City: *	Anytown		

First, you will go to the appropriate URL and complete the login process

Enter your username and password

Note: If you do not have a username, you can retrieve your assigned username and create your own password by following the account setup process shown here: <u>hrcts.com/setup</u>

You are now in the system and prompted to complete your enrollment! Click **Enroll Now**!

Note: It will place you into the profile tab. To locate the Enroll Now button, you need to be on the Home tab.

Once you read the summary of your available accounts, you can continue your enrollment process by clicking **Begin Your Enrollment Now**.

1. The steps are numbered at the top so you can easily keep track of where you are in the process.

Profile information may or may not be completed, so you will need to fill in any required fields that are not yet completed, then continue on with the process.

If you are enrolling in the Dependent Care Account (DCA): Please be sure on Step 1, that you have answered the question, "Do you have dependents?" to yes. If you do not select yes, you will not be able to enroll in the DCA.



Dependents tep: 1 2 3 4 5 5 Eligible Dependents Name SSN Relationship Jimmy Sams Spouse Continue	 If you have selected yes to dependents, next you will be prompted to add their information. This could include your spouse, or dependent children that are eligible for the FSA or DCA
Questions? Contact Consumer Support at: (612) 555-5959 Or toll free at: (800) 555-5959 or consumersupport@yourCDH.com Copyright, Evolution1, Inc. 2004-2014, ALL REPORTS RESERVED Powered by 10bod, a product of Evolution1*	Account. If you selected 'No" to dependents this will be skipped.
Plan Kules steps: 1 2 3 4 5 6 It is important to be aware of some of the basic rules of these accounts before you enroll. Make sure you keep these in mind when you are making your elections. We also encourage you to review the Summary Plan Description for more detailed rules regarding these Pretax Accounts. Flexible Spending Account Eligible expenses must qualify as a medical deduction under Internal Revenue Service rules (Section 213(d)). Sample health care expenses include deductibles, co-pays, eyeglasses, contact lenses, prescription and over-the-counter drugs, chiropractic care, therapy and corrective eye surgery (i.e. Lasik). Your enroliment or waiver is binding for the plan year, unless you experience a qualified change in status under the rules of the plan. Pre-Tax Payroll reductions will begin upon the first payroll after the Plan Year Start Date. It have read and understand the Elexible Spending Account rules. Continue	 3. It is a requirement for all eligible employees to verify that you understand the plan rules for both the FSA and DCA, whether you are enrolling or waiving participation, this requirement is met here electronically. If you would like a more information on the plan, you can view the details here before checking them off and moving on
Last Login: 7/27/2014 - Online Logout Elections Enter your actual elections in the field provided. To calculate the total elections, tax savings, and estimated per pay period deduction set to activate button. If you choose to not enroll in a plan kave the field blank. Your Election Max Employee Election Fieldblank. Your Election Max Employee Election Fieldblank. Total election for the year: \$2,500.00 Total ax savings for the year: \$2,500.00 Total ax savings for the year: \$2,500.00 Calculate * Tax savings estimate is based on a 30% tax rate. True tax savings will be based on your individual circumstances. Continue	 4. The election page allows for you to designate your payroll withholdings in the appropriate plan, up to the noted maximum. When you make your election, you can select "calculate" to view your estimated payroll deductions, as well as see an estimate of your tax savings. You can realize the true benefit of participating in the plan – <i>real tax savings, real</i>



			Jodi Sams •		
		La	st Login: 7/27/2014 - Online Logout		
	Payment Method				
	steps 1 2 3 4 5				
	Select the method in which you would like to	o be reimbursed.			
	Check Reimbursement checks will be sent to y	your home on the scheduled reimbursement date.			
	Direct Deposit Reinburstement amounts will be deposi date. You must provide a form and veri The Dibit Card may be used isoward gu many may inquire substantiation to ess	ted to your designated bank account within 2 days fircation of your account number (e.g. volded check alfied purchases at point of sale. Certain purchases une that the expense is qualified per IRS regulation	of the scheduled reimbursement for direct deposit may be automatically approved, but s.		
	VISA If you choose to be reimbursed using th () What alternate reimbursed using th () Check (*) Direct Deposit	he Debit Card, please answer the questions below. od would you like to use for the reimbursement of r	claims that are filed online?		_
Issue Depende	Constants to be reflected at the Constants of the reflected at the IN the alternate architecture of the IN the alternate architecture of the Const	No Obella Card, palear answer the questions below.	clains that are filed online?		
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Issue Depender step: 1 2 Select the dependent the card should be se you must add that dep	ent Cards 3 4 5 6 s you would like to have a separt to and the plans that depend ender to and the plans that depend the cards	In the Card, place answer the questions below. de wold you like to use for the remonstratement of matter debit card issued to. For lent should have access to use ment process.	tims that are fileg online? r each dependent sel ise the debit card for. Shin To	lected, specify the ad	dress listed,
Issue Dependent steps: 1 2 Select the dependent the card should be se you must add that dep Name Spouse Consumer	ent Cards 3 4 5 6 5 you would like to have a separt nt to and the plans that dependienced ender on Step 2 of this enroll	In the Card, place arear the question below. dewold you like to see for the reinhumement of matter debit card issued to. Fo lent should have access to to ment process. Plan Access	r each dependent se rse the debit card for Ship To Participa	lected, specify the ad If a dependent is not	dress listed,
Issue Depende step: 1 2 Select the dependent the card should be se you must add that dep Name Spouse Consumer	A contract of a second of the	In block Card, place answer the questions below. In order you like to use for the relationsement of the state debuit card issued to. For lient should have access to be ment process. Plan Access	tams that are filed online? r each dependent se ise the debit card for. Ship To Participa	lected, specify the ad If a dependent is not nt Address	dress

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Enrollment V	erification			6.63	4 Login: 7/27/20	14 - Online Loge
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steps: 1 2	3 4 5	6				
ou must click submit	at the bottom of this page	e to complete your e	nrollment.			
Profile					E	dit Information
Name:	Jodi Sams					
Social Security Num	ber:					
Address:	123 Main Street Anytown, FL 33594 U	inited States				
Home Phone:	(245) 654-8976					
Birth Date:	1/1/1960					
Gender:	Female					
Marital Status:	Single					
Email Address:						
Do you have any de	pendents? Yes					
						1
Dependents					E	dit information
orpentents			Conder	Full Time	Relationship	
Full Name	55N	Birth Date	Gender	Student		
Full Name Jimmy Sams	SSN	Birth Date	Male	No	Spouse	

5. Depending on your plan multiple reimbursement methods may be available.

Be sure Debit Card is selected, but also select an alternative reimbursement method as well.

You will also need to indicate here if any dependents have or need to be issued debit cards.

Note: If selecting direct deposit as a secondary method, please ensure you have completed the banking information under your profile tab after you have completed the **enrollment** process.

If you have selected 'Yes' to dependents using debit cards, you must then select which dependents are to receive cards.

Note: Cards may only be issued to dependents 18 & older.

6. Next you will be provided with an overview of your enrollment. At this time, you are still able to make adjustments before submitting.

Please be sure to review for accuracy.

When ready click Submit!

The enrollment confirmation will display with the option to Print.

You will continue to have access to make adjustments to your elections through the participant portal until your open enrollment period ends.



HOME	ACCOUNTS	PROFILE	STATEMENTS & NOTIFICATIONS	TOOLS & SUPPORT	DASHBOARD	Jod Last Login: 7/27/2014 - Onlin	i Sams
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Congra	tulations, you r	ave success	rully enrolled in the	olowing Pre-	cax benefic Plans		
Plan			Employer Contri	bution Emplo	yee ibution	Estimated Per Paycheck Reduction	
Flexible	e Spending Acc	thuc		\$2,50	0.00	\$48.07	
			Total Estim	ated Reductio	ns Per Paycheck	* \$48.07	
* Pay cl reducti	veck reductions ons will be dete	are based o rmined by y	on your election and our employer.	the number o	f scheduled pay	periods within the plan year. True	
You ha The fol	ve chosen to be lowing informat	reimbursed	d by Direct Deposit. ised when doing a di	rect deposit:"			
Bank:	BEU	STATE BAN	K & TRUST				
Account	t Number: xxx	7689					
	Number: 091	017099 chien					
Routin		Course .					
Routin Type:	6.04						
Routin Type: The par year. Yo	toll deduction a matchinant, y	to fund your	r spending accounts or eligible expenses an year 1/1/2015 - 1	will begin on on 1/1/2015. 2/31/2015	1/2/2015 and en All claims must	d on your last paycheck of the plan be filed for expenses incurred while	

Contact Customer Service: Monday – Friday 8: 30am-7:30pm EST

😂 (603) 647-1147 Option 1 🖴 (866) 978-7868 🖄 <u>customerservice@hrcts.com</u> 😤 Live Chat