

FLEXIBLE SPENDING ACCOUNTS

Online Open Enrollment Instructions



Online Open Enrollment is available from 11/15/2021-12/3/2021

Your plan year is: 01/01/2022-12/31/2022

Maximum Dependent Care Account (DCA) Election: \$5,000/family/tax year

Minimum Election: \$100

How to enroll online:

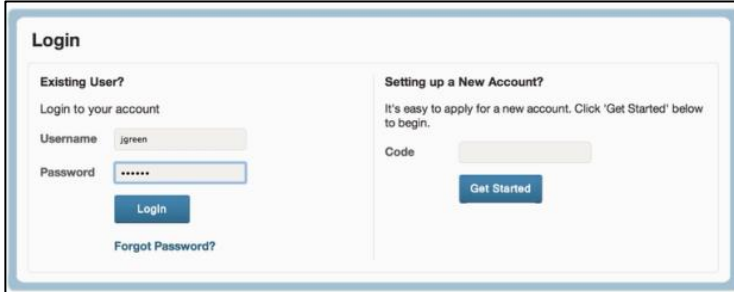
1. Access your HRCTS FSA/DCA Online Portal by going to www.hrcts.com. If you have not previously registered, select **create your new username and password** and follow the prompts.
2. Log on by entering your username and password.
3. Click the **ENROLL NOW** link and follow the prompts to enroll. Detailed 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.



Login

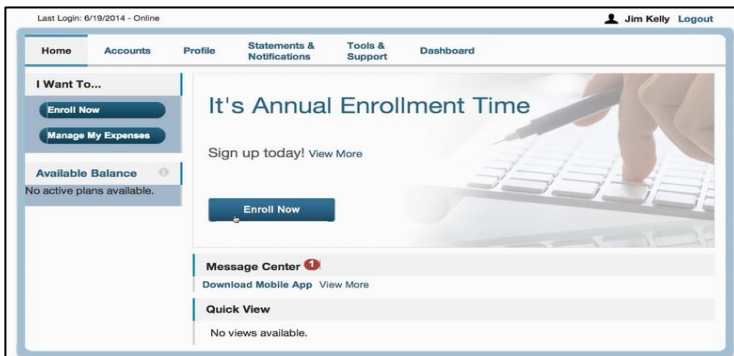
Existing User?
Login to your account
Username:
Password:

[Forgot Password?](#)

Setting up a New Account?
It's easy to apply for a new account. Click 'Get Started' below to begin.
Code:

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

Enter your username and password



Last Login: 6/19/2014 - Online | **Jim Kelly** Logout

Home Accounts Profile Statements & Notifications Tools & Support Dashboard

I Want To...

Available Balance
No active plans available.

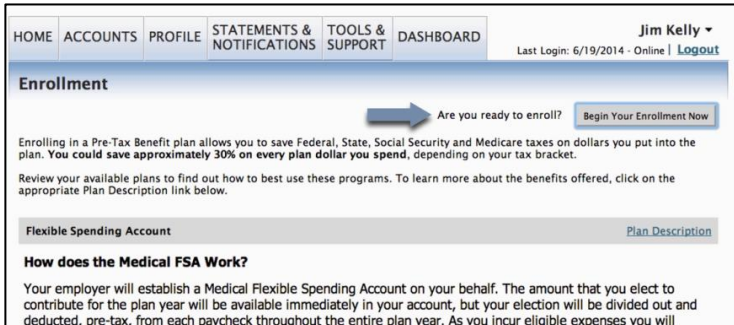
It's Annual Enrollment Time
Sign up today! [View More](#)

Message Center 1
[Download Mobile App](#) [View More](#)
Quick View
No views available.

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: hrcts.com/setup

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.



HOME ACCOUNTS PROFILE STATEMENTS & NOTIFICATIONS TOOLS & SUPPORT DASHBOARD **Jim Kelly** Last Login: 6/19/2014 - Online | Logout

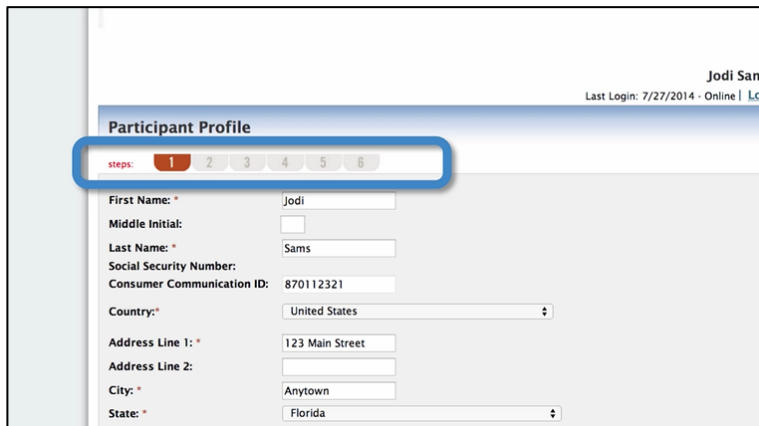
Enrollment
Are you ready to enroll?

Enrolling in a Pre-Tax Benefit plan allows you to save Federal, State, Social Security and Medicare taxes on dollars you put into the plan. You could save approximately 30% on every plan dollar you spend, depending on your tax bracket.
Review your available plans to find out how to best use these programs. To learn more about the benefits offered, click on the appropriate Plan Description link below.

Flexible Spending Account [Plan Description](#)

How does the Medical FSA Work?
Your employer will establish a Medical Flexible Spending Account on your behalf. The amount that you elect to contribute for the plan year will be available immediately in your account, but your election will be divided out and deducted, pre-tax, from each paycheck throughout the entire plan year. As you incur eligible expenses you will

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



Jodi Sam Last Login: 7/27/2014 - Online | Logout

Participant Profile

steps: 1 2 3 4 5 6

First Name: *
Middle Initial:
Last Name: *
Social Security Number:
Consumer Communication ID:
Country: *
Address Line 1: *
Address Line 2:
City: *
State: *

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

steps: 1 2 3 4 5 6

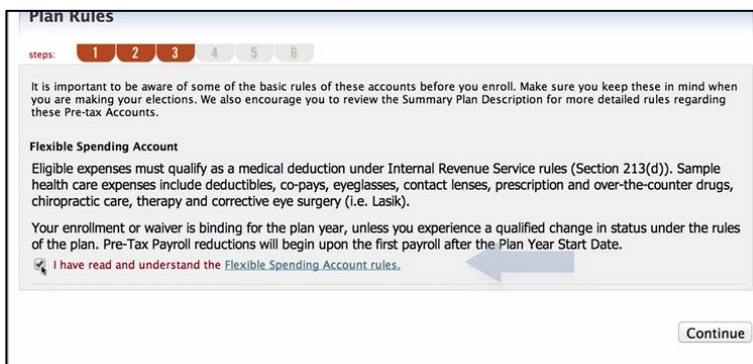
Name	SSN	Relationship
Jimmy Sams		Spouse

[Continue](#)

Questions?
 Contact Consumer Support at: (612) 555-5959 Or toll free at: (800) 555-5959 or consumersupport@yourCDH.com

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2. 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 Account. If you selected ‘No’ to dependents this will be skipped.



Plan Rules

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 Pre-tax 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).

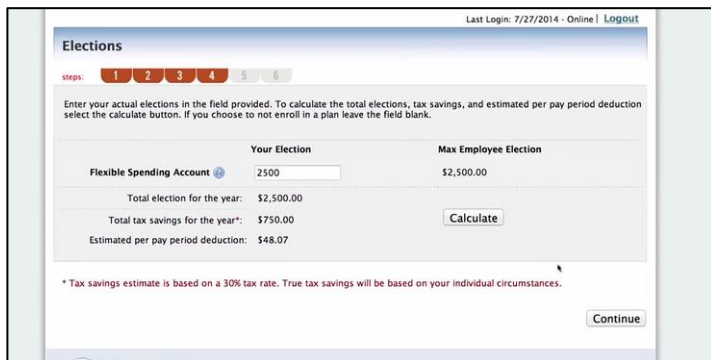
Your enrollment or waiver is binding for the plan year, unless you experience a qualified change in status under the rules of the plan. Pre-Tax Payroll reductions will begin upon the first payroll after the Plan Year Start Date.

☒ I have read and understand the Flexible 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...



Elections

steps: 1 2 3 4 5 6

Enter your actual elections in the field provided. To calculate the total elections, tax savings, and estimated per pay period deduction select the calculate button. If you choose to not enroll in a plan leave the field blank.

	Your Election	Max Employee Election
Flexible Spending Account	2500	\$2,500.00
Total election for the year:	\$2,500.00	
Total tax savings for the year*	\$750.00	
Estimated per pay period deduction:	\$48.07	

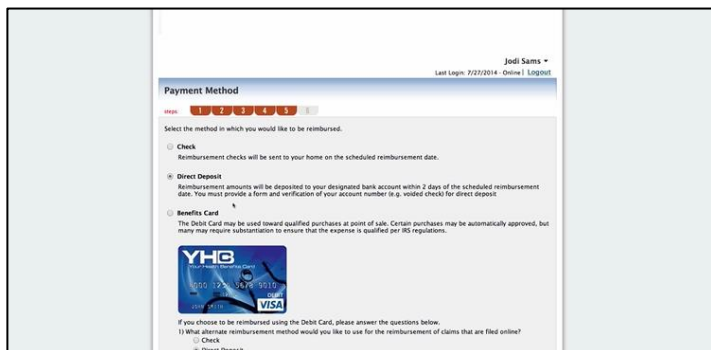
[Calculate](#)

* 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 – *real tax savings, real dollars.*



Payment Method


steps: 1 2 3 4 5 6

Select the method in which you would like to be reimbursed.

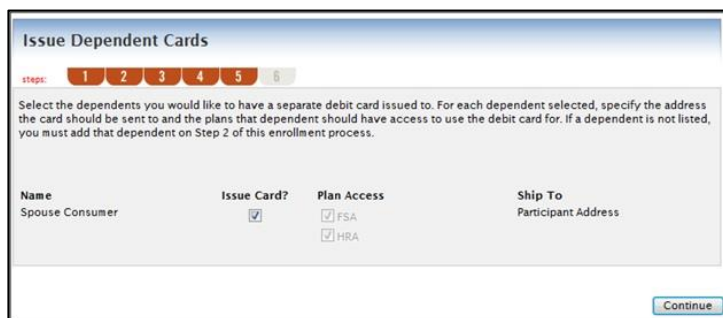
☐ Check
Reimbursement checks will be sent to your home on the scheduled reimbursement date.

☐ Direct Deposit
Reimbursement amounts will be deposited to your designated bank account within 3 days of the scheduled reimbursement date. You must provide a form and verification of your account number (e.g. voided check) for direct deposit.

☐ Benefits Card
The Debit Card may be used toward qualified purchases at point of sale. Certain purchases may be automatically approved, but many may require substantiation to ensure that the expense is qualified per IRS regulations.



If you choose to be reimbursed using the Debit Card, please answer the questions below:
 1) What alternate reimbursement method would you like to use for the reimbursement of claims that are filed online?
☐ Check
☐ Direct Deposit



Issue Dependent Cards

steps: 1 2 3 4 5 6

Select the dependents you would like to have a separate debit card issued to. For each dependent selected, specify the address the card should be sent to and the plans that dependent should have access to use the debit card for. If a dependent is not listed, you must add that dependent on Step 2 of this enrollment process.

Name	Issue Card?	Plan Access	Ship To
Spouse Consumer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> FSA <input checked="" type="checkbox"/> HRA	Participant Address

[Continue](#)

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

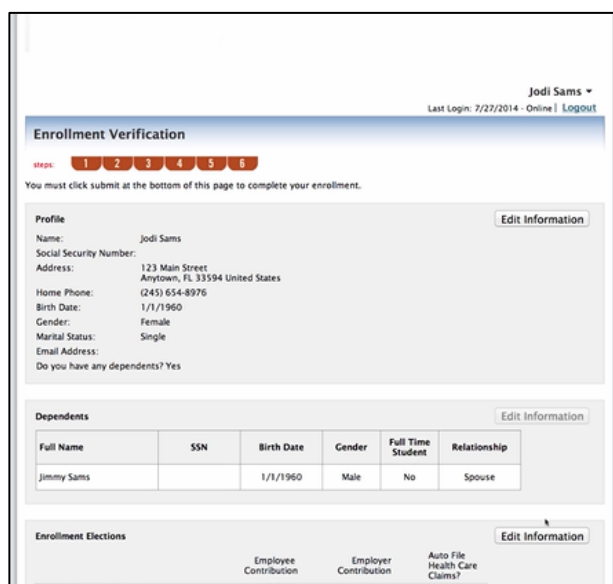
Be sure Debit Card is selected, but also select an alternative reimbursement method as well.

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.



Enrollment Verification

steps: 1 2 3 4 5 6

You must click submit at the bottom of this page to complete your enrollment.

Profile [Edit Information](#)

Name: Jodi Sams
 Social Security Number: [REDACTED]
 Address: 123 Main Street
 Anytown, FL 33594 United States
 Home Phone: (245) 654-8976
 Birth Date: 1/1/1960
 Gender: Female
 Marital Status: Single
 Email Address: [REDACTED]
 Do you have any dependents? Yes

Dependents [Edit Information](#)

Full Name	SSN	Birth Date	Gender	Full Time Student	Relationship
Jimmy Sams	[REDACTED]	1/1/1960	Male	No	Spouse

Enrollment Elections [Edit Information](#)

Employee Contribution	Employer Contribution	Auto File Health Care Claims?
65.000.00		No

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

Jodi Sams
Last Login: 7/27/2014 - Online | Logout

Enrollment Confirmation

Please print this page for your records.

Congratulations, you have successfully enrolled in the following Pre-tax Benefit Plans.

Plan	Employer Contribution	Employee Contribution	Estimated Per Paycheck Reduction
Flexible Spending Account		\$2,500.00	\$48.07
			Total Estimated Reductions Per Paycheck: \$48.07

* Pay check reductions are based on your election and the number of scheduled pay periods within the plan year. True reductions will be determined by your employer.





You have chosen to be reimbursed by Direct Deposit.
The following information will be used when doing a direct deposit:*

Bank: BELL STATE BANK & TRUST
Account Number: xxx7689
Routing Number: 091017099
Type: Checking

The payroll deduction to fund your spending accounts will begin on 1/2/2015 and end on your last paycheck of the plan year. You may begin filing claims for eligible expenses on 1/1/2015. All claims must be filed for expenses incurred while you are a participant, within the plan year 1/1/2015 - 12/31/2015

Print

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

 (603) 647-1147 Option 1
 (866) 978-7868
 customerservice@hrcts.com
 Live Chat