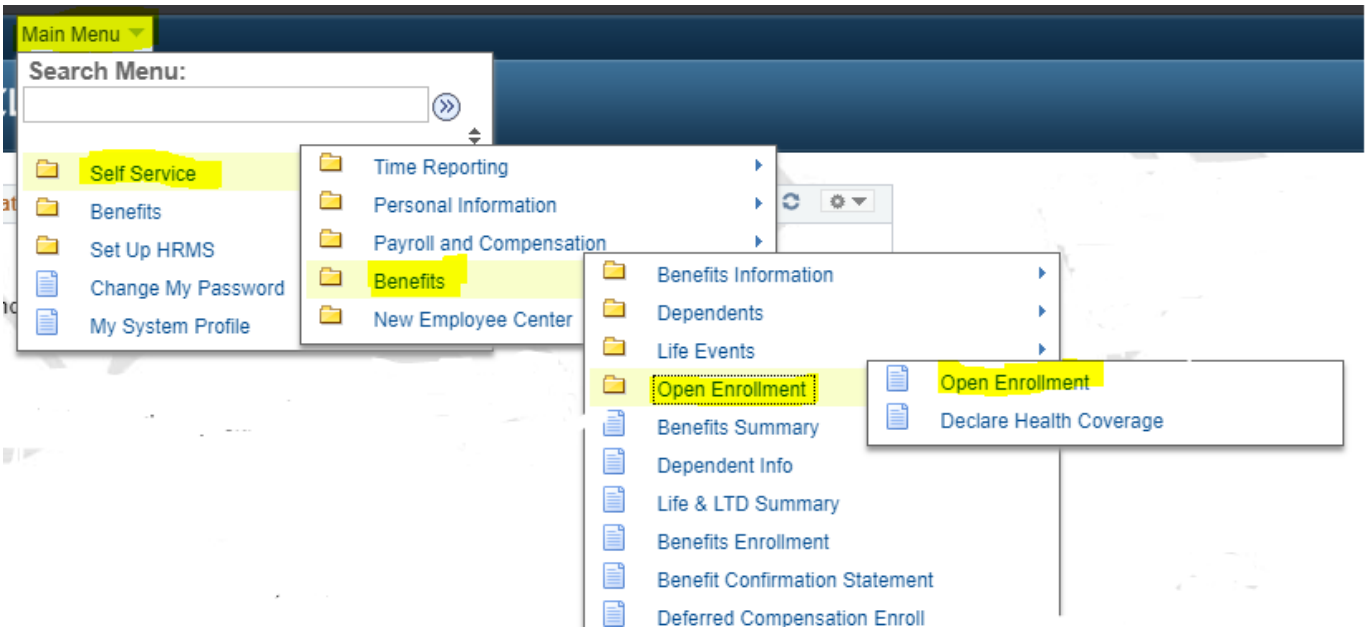
INSTRUCTIONS FOR ONLINE OPEN ENROLLMENT PROCESS
2021 PLAN YEAR

First, log in to VTHR and Navigate to the Open Enrollment Portal:



This Open Enrollment Module will allow you to:

- **Enroll in the Flexible Spending account for 2021; and**
- **Review and make changes to your current medical/dental elections.**

Important note regarding navigation

Once you have accessed the portal, do not use the tabs at the top to navigate between screens. To advance, scroll down and hit "Next" on each page. After you check "Confirm" and click "Submit" you can re-enter the portal via the self-service menu to edit any of the information you entered previously.

You can access the portal as many times as you want from November 1-30. Your final submission must be submitted by midnight on November 30.

FLEXIBLE SPENDING PROGRAM

The first screen is for the Flexible Spending Program.

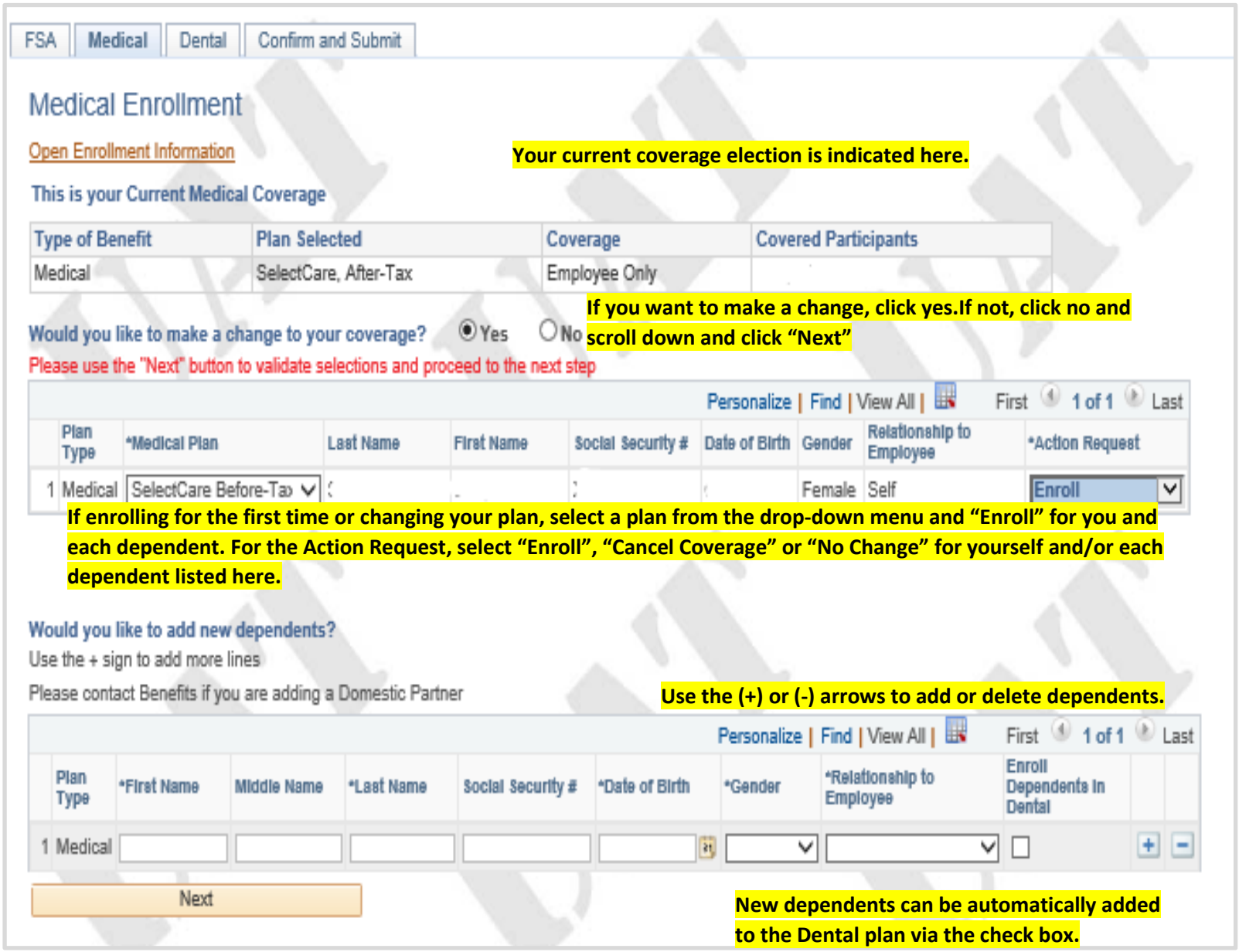
If you do not want to enroll in the Flexible Spending Account for 2021, scroll down to the bottom of the page and click "Next" to move on to the Medical Plan.

MEDICAL AND DENTAL PAGES

Both the medical and dental pages are similar and follow the same enrollment procedures. If you want to keep your current elections, scroll down and click "Next" on each page.

Please note: If you are newly adding a Domestic Partner, you must complete and submit a Domestic Partner Application to the Benefits Division, or your Enrollment will not be processed. The paperwork is available here: Domestic Partner Enrollment Package

For questions, contact the Benefits Division:
dhr.benefits@vermont.gov or 802-828-6700 option 1, option 3



Click "Next" to advance onto the Dental Page and follow the same instructions to make any changes. Then, click "Next" to advance to the submission page.

Submit Enrollment Choices

For Enrollment and or Changes to my Medical and/or Dental Insurance:
I hereby request the above action and authorize the Department of Human Resources to withhold from my wages appropriate deduction(s), if any, toward the cost of coverage. I understand that any medical information that is pertinent and necessary for the payment of claims for me or my eligible dependents can be used in accordance with the privacy rules established by the Health Insurance Portability and Accountability Act. I certify that the above information is complete and correct and that all claims submitted will only be for eligible plan members.

For Enrollment in Flexible Spending Account Plan, I understand:

- I have elected to have pretax deductions from my pay based on the number of pay periods as set up by my employer during the plan year, and that this election will continue until this Agreement is amended or terminated as allowed under the Plan.
- Pretax deductions reduce my compensation for tax purposes which reduces my Social Security benefits.
- I cannot change or terminate my election unless I experience a qualified change in status as allowed under the Plan.
- My employer may change my election if necessary in order to satisfy certain provisions of the Internal Revenue Code.
- My election and this Agreement will cease and unused funds will be forfeited upon termination of my employment, including retirement.
- Complete claims with correct supporting documentation must be submitted timely as described in the Plan in order to be considered for reimbursement.
- Expenses for which I claim a tax deduction under my income tax return cannot also be reimbursed under this Plan.
- Unused funds are forfeited at the end of the Plan Year, except for a maximum carryover of $500 from the Health Care FSA into the next plan year.
- The Dependent/Daycare FSA and Health Care FSA benefits, and my rights and obligations under this plan, as specified in my employer's Plan materials.
- Re-enrollment is required annually and a new form with annual elections must be submitted each November to remain in the program.
- This Agreement cancels any prior election agreement I have made under the Plan and cannot be changed except as stated in my employer's Plan.

For the ASIFlex Debit Card, I understand:

- The card is optional and I can choose at each point-of-sale if I want to use the card, or file a traditional claim.
- I may be required to provide supporting documentation to substantiate certain card transactions. ASIFlex will notify me if documentation is required.
- I must read my messages posted to my secure message center at www.asiflex.com to understand the documentation that may be required.
- I must submit correct and appropriate documentation upon request.
- It is my responsibility to request appropriate documentation from health care providers in order to substantiate card transactions.
- If I do not supply the requested documentation in the timeframe requested, my card will be temporarily deactivated as required by IRS regulations.
- I will receive two debit cards, both in my name. The cards will be mailed to my home address approximately two to three weeks from the date my application is processed.
- I must activate my card(s) by calling the toll-free number as provided, and I can select a PIN if I wish.
- I can sign for credit transactions or I can supply my PIN for debit transactions.
- Each employer plan is different. There may be an annual fee for the card so I must review my employer plan materials. Fees for additional or replacement card sets are $5 and will be deducted from my flexible spending account balance.
- Additional information regarding card usage can be found online at www.asiflex.com/debitcards.
- I hereby state that the above information is accurate, to the best of my knowledge. Additionally, I certify that the card will only be used to pay for eligible health care expenses as defined in the plan and IRC §213(d). I will not seek reimbursement from any other source for the expenses paid for with the card. I also acknowledge that if I do not provide requested documentation in a timely fashion, my card will be deactivated, in accordance with IRS regulations.

☐ Confirm and Accept

Submit

Click "Confirm and Accept" to indicate your authorization and acceptance of the terms outlined, and then "Submit".

If you need to make changes on previous screens, hit "Submit" first, and then return to the portal via Self-Service.

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