

Open Enrollment ESS Page Instructions

The following provides instructions on how to use the OE FSA and OE Medical/Dental Employee Self-Service (ESS) pages. You do not need to use the Medical and Dental page if you do not have any updates to make for OE2023. FSA re-enrollment is required for all employees who plan to enroll for CY 2023.

FSA Enrollment Page Instructions

Navigation: [Main Menu](#) > [Self Service](#) > [Benefits](#) > [Open Enrollment](#) > [FSA](#)

Follow the instructions below if you would like to enroll in either Healthcare Expenses or Dependent Daycare Expenses for CY2023.

- Step 1:** Confirm that you would like to enroll in either HealthCare Expenses or Dependent Daycare Expenses for CY2023 by checking the checkbox.
- Step 2:** Verify your information is correct (if it is not, you will need to reach out the Benefits Team).
- Step 3:** Select which FSA program you would like to enroll in by checking the corresponding checkbox for the plan and adding in the Annual Salary Reduction you would like to make towards the plan. **Click on the (?) help button next to each plan to see what type of expenses are covered by the plan.**
- Step 4:** Select your reimbursement method. If choosing Direct Deposit, you can click the “Populate Banking Information from Direct Deposit” to populate these fields with your direct deposit information on file.
- Step 5:** Check the box if you need to have a new ASIFLEX Debit Card ordered.
- When you are ready to submit your request, click ‘Next’.

The screenshot displays the FSA Enrollment ESS Page with the following sections:

- STEP 1 - SELECT AN ACTION:** Includes a checkbox for "Enroll in Flexible Spending Account program".
- STEP 2 - VERIFY YOUR INFORMATION:** Includes fields for Name, Date of Birth, Empl ID, Address Line 1, Address Line 2, City, State, and Postal Code.
- STEP 3 - SELECT FSA PROGRAMS:** Contains two sections:
 - For Healthcare Expenses:** Includes a checkbox for "Enroll in FSA Program for Health Care Expenses", an input field for "Annual Salary Reduction amount" (set to \$0.00), and an input field for "Estimated Deduction per Pay-Period" (set to \$0.00).
 - For Dependent Daycare Expenses:** Includes a checkbox for "Enroll in FSA Program for Dependent Daycare Expenses", an input field for "Annual Salary Reduction amount" (set to \$0.00), and an input field for "Estimated Deduction per Pay-Period" (set to \$0.00).
- STEP 4 - SELECT REIMBURSEMENT METHOD:** Includes radio buttons for "Direct Deposit to my account" and "Mail Check". Below is a section for "Direct Deposit Information" with a button to "Populate Banking Information from Direct Deposit" and input fields for "Name of Financial Institution/Bank", "Bank Routing Number (9-digit)", "Account Number", and "Account Type".
- STEP 5 - ORDER ASIFLEX DEBIT CARDS:** Includes a checkbox for "ASIFlex Card Order - Check ONLY if you currently do not have a card" and a "Next" button.

(If you requested to enroll in Dependent Daycare Expenses, you will be given an additional prompt to confirm that was what you intended. If you did intend to enroll in Dependent Daycare Expenses, click 'OK')

- Read through the Confirm and Accept page and click ‘Submit’ to enter you election request.
- You should be brought to the Confirmation page which you can print for your records. You should also receive an e-mail confirmation of your elections to your primary e-mail address.

If you decide after submitting an FSA request that you do not want to enroll in a plan you enrolled in, you need to uncheck the checkboxes for the program you do not want to enroll in and re-submit the request.

Medical/Dental Enrollment Page Instructions

Navigation: [Main Menu](#) > [Self Service](#) > [Benefits](#) > [Open Enrollment](#) > [Medical/Dental Coverage](#)

If you are choosing to make a change to your Medical or Dental coverage for CY2023 you will use this page. If you do not wish to make a change to medical or dental, you can skip using this page entirely. If you would like to make a change to your coverage for CY2023, follow the instructions below:

1. Select '[Change for 2023](#)' to make a change to the current coverage for the upcoming CY.
2. From the Medical Plan dropdown choose the plan you would like to enroll in if you would like to change plans.



3. Starting with the "Self" coverage row (highlighted in the image below), select what actions you would like to take from the Medical and Dental Action Request Dropdowns.



- If you are currently enrolled in a plan and do not wish to change the plan, select 'No Change'.
- If you are changing your plan, or newly enrolling in a plan, select 'Enroll'.
- If you're canceling coverage for a plan you're already enrolled in, select 'Cancel Coverage'.

Canceling Coverage for a plan in the self-row cancels coverage for all dependents and new dependents will be prevented from being enrolled in that plan.

Whether or not a participant is currently enrolled in a plan is indicated in the Cov MED and Cov DEN fields. If a participant is enrolled in Medical or Dental they will have a check in that field (MED or DEN); if they are not enrolled in that plan the field will be left blank.

4. If you have existing dependents select an action for each dependent row to indicate what should happen to their enrollment for each plan. If you've canceled coverage for a plan, then you can't keep a dependent in that plan or enroll a dependent in the plan.

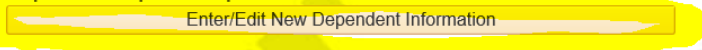
Steps 5 and 6 are relevant only if you are adding a new dependent. Otherwise skip to step 7.

5. Adding New Dependents. Employees can add children, domestic partners, and spouses as new dependents, but they cannot enroll more than one spouse or domestic partner. If they have a current domestic partner or spouse, they can cancel the coverage and add a new one; or if they do not have one, they can enroll a new spouse or domestic partner. New dependents can be added in the New Dependent Information page:

The button to access this page is shown here on the Medical/Dental Coverage page:

Would you like to add new dependents?

Step 1 - Add Dependent/Spouse



Enter in the New Dependents Information in the following fields, then save to create the new dependent.

New Dependent Information

Dependent Personal Information

Select Dependent [dropdown]

*First Name [text] Middle Name [text] *Last Name [text]

Social Security # [000-00-000] *Date of Birth [calendar] *Gender [dropdown]

*Relationship to Employee [dropdown]

Cancel Delete Save

Employees cannot edit an existing dependent's information from this page. The only exception to this is if you are changing an existing Domestic Partner to a Spouse. If you are trying to change a Domestic Partner to Spouse you need to first cancel the coverage for the existing Domestic Partner dependent, then enter the Domestic Partner's information as it is shown in the Existing Dependent table (name, SSN, DOB, Gender) and in the Relationship to Dependent field enter 'Spouse'. Then save the record. You will need to provide a marriage certificate to the Benefits team to confirm the enrollment.

6. If you've added a new dependent, you need to decide which plan to enroll them in. For each plan select one of the following for the dependent.

Submission Status	Dependent	Relationship
1 Added	Test, James	Child

Do Not Enroll
Enroll

Do Not Enroll – do not enroll this dependent in the plan

Enroll – enroll this dependent in the plan

7. Review your elections, then click 'Next' when you are ready to submit your request.
8. Read through the Confirm and Accept page and click 'Submit' to enter you election request.
9. You should be brought to the Confirmation page which you can print for your records. You should also receive an e-mail confirmation of your elections to your primary e-mail address.

If you decide after submitting a Medical/Dental request that you do not want to change your coverage, just go back to the page, and select "All selections same as above" and resubmit.