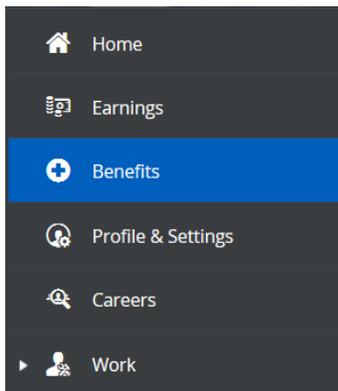


How do I... navigate Flexible Spending Open Enrollment?

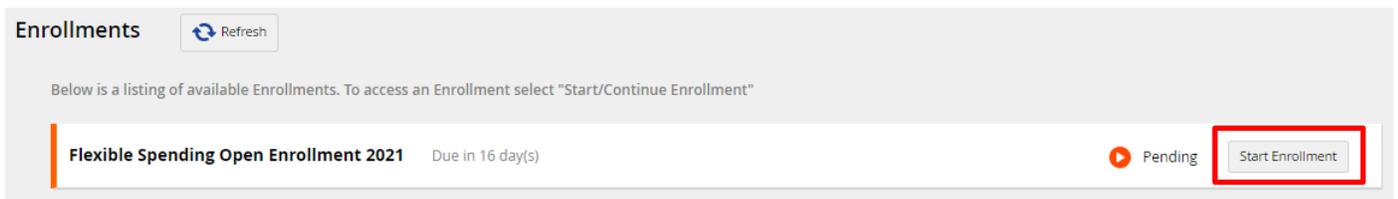
You will not have to complete this enrollment if you do not wish to enroll in a Flexible Spending Account (FSA).

You can access the FSA Open Enrollment guided process by selecting the “Benefits” option on the menu panel.



Under “Enrollments,” click “Start Enrollment” to begin the process.

- Note: this enrollment will expire the last day of open enrollment, **December 11**.



Once you've reached the Open Enrollment welcome page, click "Next".

Flexible Spending Open Enrollment 2021

Your Current Elections

Introduction Profile Elections Confirmation Summary

Flexible Spending Open Enrollment 2021
Due in 16 day(s) - 12/11/2020

Close

Next

TOWN OF
Mount Pleasant
SOUTH CAROLINA

Welcome to Flexible Spending Open Enrollment 2021!

Enrollment

Reimbursement

- FSA Health Care
- FSA Dependent Care

On the next screen, click "Next".

Flexible Spending Open Enrollment

Your Current Elections

Introduction Profile Elections Confirmation Summary

Profile Forms

Please review and confirm the profile information below. Upon completion, please proceed by selecting "Next".

Close Save Draft Back Next

Review of Profile Information is not required, please proceed by selecting "Next".

To enroll in **FSA Health Care**, click the checkbox next to the option.

FSA Health Care

You must elect 1 option(s) in the election set.

Option Name Ascending Compare Selected

Option		
<input checked="" type="checkbox"/> Health Care FSA 2021 Start Date: 1/1/2021 \$2,600.00 Annual Contribution Show Details	\$100.00	<input type="checkbox"/>
<input type="checkbox"/> Waive - FSA Health Start Date: 1/1/2021	\$0.00	<input type="checkbox"/>

To select your annual contribution, you can either type the amount into the box, move the slider, or using the plus and minus buttons.

Option Details

Health Care FSA 2021

Contribution
Enter the desired contribution amount below, or you can select the contribution amount by using the slider or plus and minus button.

Minimum Contribution: \$26.00
Maximum Contribution: \$2,750.00
Annual Contribution: + -

\$26.00 \$2,750.00

- Your actual plan year to date contribution for this option is \$0.00.
- Your per pay amount will be zero unless you elect a contribution amount higher than your plan year to date amount of \$0.00.

Your Current Elections

Reimbursement

Waive - FSA Dependent Care
Effective Start: 1/1/2019

Your Cost: \$100.00
Estimated Total Annual Amount: \$2,600.00

Save **Cancel**

Your bi-weekly contribution is the “Your Cost” amount.

Click “Save”.

To enroll in **FSA Dependent Care**, select the blue arrow next to the option, then follow the same instructions as above.



Once you are done, click "Next".

Note: If you do not enroll in one of the FSA plans, you will have to select the "Waive" option to move forward.

Example: if you enroll in FSA Health but not FSA Dependent, you will have to select "Waive – FSA Dependent Care".

Option	
<input type="checkbox"/> Dependent Care FSA \$0.96 Start Date: 1/1/2020 \$26.00 Annual Contribution Show Details	
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Waive - FSA Dependent Care \$0.00 Start Date: 1/1/2020	

Click "Next"

At the confirmation page, click "Submit Enrollment"

