Due to the ongoing COVID-19 Pandemic you may update your 2021 FSA benefits outside of open enrollment or a qualifying event.

This job aid gives instructions on enrolling, increasing/decreasing or stopping Health Care and Dependent Care FSA. You can make a one-time only change from the Benefits application through October 15, 2021, no Exception Request changes can be made after that date. Qualifying events are still allowed.

PROCESS AN FSA EXCEPTION CHANGE EVENT

ENROLL OR CHANGE ANNUAL PLEDGE

1. Click the Benefits application on your home page.

2. In the left-hand Change column, select Benefits.

3. Select FSA Exception Request from the drop down as the Change Reason, enter the Effective Date (must use current or future date – cannot be a retroactive date).

4. Click orange Submit
5. Click the gray **Open** button to make changes to your eligible benefits.

6. Click

7. Click **enroll or manage link** for the plan you want to change

8. Click **Select** if not yet enrolled or confirmation of the plan in which your currently enrolled
9. Click **Confirm and Continue** to move to the next page. **Do Not Waive.**

10. Choose your **enrollment** amount either annually or by pay check. The annual amount cannot be more or less than the minimum or maximum per calendar year.

    **Contribute**
    - Per Paycheck: 0.00
    - Annual: 0.00
    - Remaining Paychecks: 21

    **Summary**
    - Total Annual Contribution: 0.00

    **Contribute**
    - Per Paycheck: 33.00
    - Annual: 795.00
    - Remaining Paychecks: 21

    **Summary**
    - Total Annual Contribution: 795.00

11. You may **increase or reduce** annual pledge. If you are **reducing** your annual pledge it cannot be less than your contributions so far and the amount reimbursed or pending reimbursements with HealthEquity/Wageworks. The annual amount cannot be more or less than the minimum or maximum per calendar year.

    **Contribute**
    - Your estimated contributions made this year: 214.20
    - Per Paycheck: 64.29
    - Annual: 1,500.00
    - Remaining Paychecks: 20

    **Summary**
    - Total Annual Contribution: 1,500.00

    **Contribute**
    - Your estimated contributions made this year: 214.20
    - Per Paycheck: 89.29
    - Annual: 2,000.00
    - Remaining Paychecks: 20

    **Summary**
    - Total Annual Contribution: 2,000.00

    **a.** Changing the amount creates a new election period at HealthEquity/Wageworks. You may only be reimbursed up to the amount elected in the specific election period. If you increase your HCFSA election to $1500 from $1000 on March 15th, the increased election will not be
available until March 15th (i.e. no retroactive increase).

12. If you want to stop contributions and “freeze” your annual pledge, change the annual amount to the estimated contributions plus whatever has been reimbursed to you.

   a. Changing the amount creates a new election period at HealthEquity/Wageworks. You may only be reimbursed up to the amount elected in the specific election period. Your reimbursements may not exceed your new annual election. Dependent Care Accounts are still only reimbursed up-to the amount deducted.

13. Click **Save**

14. Repeat process if enrolling in the other plan.

15. Click **Review and Sign** to review your elections

16. Select the I **Agree checkbox**, to provide an electronic signature, confirming your changes.

17. Click **Submit**.

18. Click **Done** to complete the task or to launch Print.