

Section 125

Flexible Spending Account

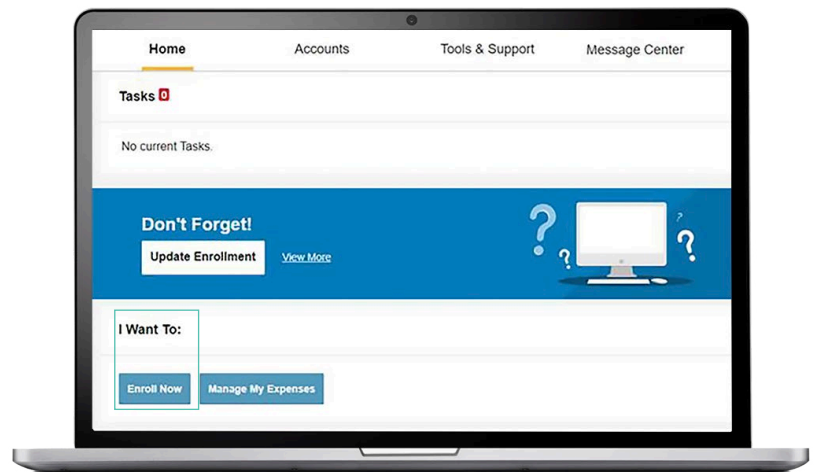
Open Enrollment Starts October 1st —
Enroll via the PBA Website



Your company's benefits package includes a Flexible Spending Account (FSA). This benefit enables eligible employees to set aside pretax money to use for unreimbursed medical, dental, vision, orthodontia, and dependent care expenses. If you have predictable out-of-pocket expenses, you may want to consider enrolling in the FSA.

How to Enroll in the Flexible Spending Account (FSA)

1. Log in to [Paychexflex.com](https://www.paychexflex.com) and select **Benefits Account (PBA)**.
2. From the Home page, click the **Enroll Now** button under I Want To. When the enrollment page displays, select **Begin Your Enrollment Now**.



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FSA enrollment steps (cont.)

3. Verify the accuracy of data in the participant profile.
4. If you plan to contribute to a dependent care plan, select **Yes** when asked, "Do you have any dependents?"
5. If adding a dependent, provide the required information about the dependent and when finished, click **Update**.
6. Under **Plan Rules**, you must read and acknowledge that you understand the rules for all plans regardless if you are enrolling in a particular plan. After checking "I have read and understand the rules," click **Continue**.
7. In the elections screen, enter the annual dollar amount you want to contribute for the plan year for your medical and/or dependent care expenses. Click **Calculate** to see your estimated annual tax savings, then click **Continue**.
8. Select a reimbursement method (debit card or direct deposit) and enter bank account information if necessary. Click **Continue**.
9. Review your enrollment for accuracy, and click **Submit**. A confirmation will display when you are finished.

Profile

STEPS: 1 2 3 4 5 6

* = required field

First Name:
Middle Initial:
Last Name:
Participant Account ID:
Address:
Country:
Address Line 1:
Address Line 2:
City:
State:
Zip Code:
Home Phone: *
Birth Date: (mm/dd/yyyy)
Gender: Female
Marital Status: *
Email Address: *

Do you have any dependents? Yes No

HOME EXPENSES ACCOUNTS TOOLS & SUPPORT STATEMENTS & NOTIFICATIONS PROFILE | Logout

Enrollment Confirmation

Please print this page for your records.

Congratulations, you have successfully updated your enrollment in the following benefit plan(s).
Note: Employer contribution values displayed are at the discretion of your employer and are subject to change. If you have questions about an Employer Contribution, please speak to your company's plan administrator. Paychex will calculate the per pay period deduction upon confirmation of your enrollment; however, the deduction amount will not display on this screen. Please review your first paycheck for accuracy of your deduction.

Effective 01/01/2016 the first two debit cards issued per participant will be free of charge. Any subsequent debit cards requested after the initial two, will result in a \$5 fee which will be charged automatically to the participant's account balance.

Plan	Employer Contribution	Employee Contribution
FSA	\$2,000.00	\$2,000.00
Dependent Care		\$5,000.00

You have elected Debit Card as your reimbursement option. Your alternate reimbursement method is Check.

You may begin filing claims for eligible expenses on 8/1/2021. All claims must be filed for expenses incurred while you are a participant, within the plan year 8/1/2021 - 12/31/2021

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