



State of Delaware Flexible Spending Account (FSA)

2017 FSA Plan Year (January 1, 2017 – December 31, 2017)

Open Enrollment Instructions

Remember that you **MUST** enroll November 1, 2016 through November 18, 2016 to participate in the 2017 FSA Program.

1. Starting your FSA Enrollment:

Please note: Enrollment is **REQUIRED** each year if you wish to continue your FSA participation. FSA elections **DO NOT** rollover to the next plan year automatically.

- A. Go to <https://enroll.asiflex.com>.
- B. Enter the Employer- Provided Code Word: **DE** and click "**Continue**".
- C. Enter your Employee Identification Number (Employee Identification Number is the six digit **Employee ID PLUS** the **last four digits of the Social Security Number**). Click "**Continue**".
- D. Enter the first three letters of your last name and then the initial of your first name. Click "**Continue**".
- E. You may be prompted to enter your full first name, last name or re-enter your Employee Identification Number (employee ID plus the last four digits of your social security number) for verification purposes.
- F. Click "**Continue**".

2. Making Elections:

To enroll in Flexible Spending, select "**Flexible Spending Account Elections**".

- A. Health Care Flexible Spending Account (HCFSA)
 1. If you wish to participate in this account, check the box next to "Health Care Account".
 2. Select either Pay Period or Annual to enter your deductions.
 3. You may then enter either the Pay Period Amount or Annual Amount and hit "**Calculate**".
(Please Note: Annual Maximum is \$2,600.00; Annual Minimum is \$50.00)
 4. Once you are satisfied with your election, click "**Continue**" to go to the next page.
If you do not wish to participate in the HCFSA, select "Decline" and click "Continue".
- B. Dependent Care Flexible Spending Account (DCFSA)
 1. If you wish to participate in this account, check the box next to "Dependent Care Account".
 2. Select either Pay Period or Annual to enter your deductions.
 3. You may then enter either the Pay Period Amount or Annual Amount and hit "**Calculate**".
(Please Note: Annual (household) Maximum is \$5,000.00; Annual Minimum is \$50.00)
 4. Once you are satisfied with your election, click "**Continue**" to go to the next page.
If you do not wish to participate in the DCFSA, select "Decline" and click "Continue".

3. Reimbursement

- A. Select method of reimbursement: Deposited to a bank account already on file (current FSA participants), Deposited to a new bank account, or Mailed to your home address.
- B. Complete the bank routing number, account number and type of account.
- C. Select your preferred notification method: Text or email (you may select both).
- D. Provide the appropriate contact details (your mobile phone number and wireless carrier information and/or email address).

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E. Click "**Continue**" to go to the next page.

4. Debit Card

- A. Choose Yes or No to indicate if you wish to receive a debit card. If you are a current debit card holder, you must choose yes if you would like your card to be funded for the new plan year.
- B. Click "**Continue**" to go to the next page. (If you selected No, you will be directed to the "**Final Review**" screen.)

5. Debit Card Application for Health Care FSA

- A. Complete the application.
- B. Click "**Continue**" to go to the next page.

6. Review Before Sending

- A. Review and confirm your elections.
- B. Click "**Go Back**" to change your enrollment elections. Do not use the web browser navigation to return to a page, otherwise **ALL** information will be **LOST**. The enrollment will **NOT** be completed.
- C. Once you are satisfied with your elections, click "**Confirm**" to complete your enrollment.

7. Your Elections Have Been Recorded

- A. The final screen will display your confirmation number and elections. **Print or save this screen for your records.** A copy of the confirmation will be **REQUIRED** for any enrollment corrections.
- B. Click "EXIT" to leave Open Enrollment portal. This will bring you to the ASI Flex website.
- C. If you are a returning FSA user (have previously participated in the State of Delaware's Flexible Spending program), you may log into your ASIFlex account, however, your 2017 FSA Open Enrollment elections will not appear on your account until January 1, 2017.
- D. If you are a new FSA user (NOT previously enrolled in the State of Delaware's Flexible Spending program), ASIFlex will mail a confirmation statement to your home.

Note: If you wish to make a change to your 2017 FSA Open Enrollment elections, you may login and enroll again anytime during Open Enrollment using this procedure. **The last on-line enrollment submitted between November 1st and November 18th will be applied to your 2017 FSA participation.** If an error has been made, you **MUST** contact the Statewide Benefits Office to correct the error by December 1, 2016. **No corrections will be made after December 1, 2016.**

All online enrollments must be completed by 11:59 p.m. ET on November 18, 2016.
Call ASIFlex at (800) 659-3035 if you need assistance with enrollment or have plan questions.