## FSA Enrollment through ESS

Trigger: An employee has decided to enroll in a Medical or Dependent *Elexible Spending Account (FSA)* during the open enrollment period.

1. Employee connects to the Self Service Portal via the following link:

https://portal.passhe.edu/irj/portal

2. Sign in at the Self Service Portal screen using your Username and Password. Click Enter Portal.



**3.** From the tabs across the top of the welcome page, select *Employee Self-Service*. (Note: Different tabs may be displayed depending on user access.)



4. Select the link for *Benefits*.



5. Select the link for *Benefits Enrollment*.

ervew Personal Information Benefita Leave & Time Payrol Help Documents	
nefits Overview	History, Back Ferward
Employee Self-Service >> Benefits	
This page will provide you with information about each available Employee Self-Service (ESS) application for you to access in this sub-section of ESS. To access an application, simply click chosen. A link to this sub-sections overview page will be shown to the left of the ESS application that you can use to return to this page.	on the link shown below and you will be taken to a new page with the ESS application you hav
Available Applications	
Benefits Participation Overview	
Display your currently enrolled benefits programs.	
Benefits Enrollment	
This case will allow you to excell in basefite made available through Employee SAF Casuice.	

6. From the *Enrollment Start* screen, click the square to highlight *FSA Open Enrollment* and then click *Continue.* 

Benefits Enrollment Enrollment Option Selection								
Enrollment Start	2 Accept Disclaimer	3 Plan Selection	4 Plan Confirmation	5 Enrollment Complete				
This screen displays your review. Then click the co	current enrollment offentinue button.	ər(s). To begin, clicl	k the square box to the	e left of the offer you wish to				
Select an enrollment	option below and cli	ck "Continue".			_			
Enrollment Optio	n		Enrollment Start	Date Enrollment End Date				
FSA Open Enrollme	ent							
Continue 🕨								

7. From the Accept Disclaimer screen, agree to the terms by placing a checkmark in the checkbox for Yes, I have read and agree to the above information and then click Continue.

Benefits Enrollmer	nt FSA Open	Enrollmen	t			
Enrollment Start	2	3 Plan Selection	4 Plan Confirmation	5		
>>> I agree that my er pages of this enrollme Enrollments" button or	nrollments or cha ent process and r n the last screen	anges are not eceived an e	reported or acce mail confirmation	pted until I have on after selecting t	completed all he "Submit	
>>> I agree to retain a enrollment, I understa office.	a copy of my e-m and I will be requ	ail confirmati ired to preser	on. In the event nt the email confi	there is any discre rmation to the hu	epancy with my man resources	
Ves, I nave read and a	agree to the above into he above agreemen	it, you cannot p	roceed to open enro	ollment actions.	a fita affica bafara completing	ing your oprollmont
		Contir				ng your enrollinent.

8. On the *Plan Selection* screen, click the square to highlight the desired plan for enrollment and then click *Enroll in Plan*.

<form></form>	Benefits Enrollment FSA	Open Enrollm	ient					
This page will display all the benefits enrollment options available to you for enrollment for the current enrollment event. As a reference, all applicable current enrollments have been displayed. To enrol in a benefit plan, simply select the option from the "Enrollment Offers" table and click the "Enrol in Plan" button. If you have already setup enrollment for next year and wish to ether change or remove the enrollment, then click the "Change Enrollment" or "Remove Enrollment" to next year and wish to ether change or remove the enrollment, then click the "Change Enrollment" or "Remove Enrollment to Next Year" button.         Enrollment changes will not be stored in the benefits system until you save the changes on the next page of this application. Once you are satisfied with your enrollment options, click the "Continue with Enrollment" button below to proceed to the next page of this application.         Enrollment for the current year.         You are not currently enrolled in any applicable benefit plans for this calendar year.         Enrollment offers for the next calendar year.         Image enrollment Acct       FSA - Dependent         Plan       Plan Type       Plan Begin       Plan Enrolled       Annual Contrib.       Plan Information         Medical Reimbursement Acct       FSA - Dependent       S0.00       ESA - Dependent       S0.00       ESA - Dependent         Image: Continue with Enrollment       Image: Continue with Enrollment       S0.00       ESA - Medical       S0.00       ESA - Medical	Enrollment Start Accept Disclaim	a Plan Selection	4 Plan Confirmatio	n Enrolln	5 nent Complet	e		
Enrollment changes will not be stored in the benefits system until you save the changes on the next page of this application. Once you are satisfied with your enrollment options, click the "Continue with Enrollment" button below to proceed to the next page of this application.   Enrollment for the current year.   You are not currently enrolled in any applicable benefit plans for this calendar year.   Enrollment offers for the next calendar year.   Plan   Plan   Plan Type   Plan Begin   Plan End   Enrolled   Annual Contrib.   Plan Information   Bependent Care Reimb Acct   FSA - Dependent   Medical Reimbursement Acct   FSA - Medical   Enrollment   Remove Enrollment   Continue with Enrollment Enrollment	This page will display all the benefits enrollment options available to you for enrollment for the current enrollment event. As a reference, all applicable current enrollments have been displayed. To enroll in a benefit plan, simply select the option from the "Enrollment Offers" table and click the "Enroll in Plan" button. If you have already setup enrollment for next year and wish to either change or remove the enrollment, then click the "Change Enrollment" or Remove Enrollment" buttons, respectively. If you wish to enroll for next year with the same options as you setup for the current year, if applicable, you may click the "Copy Current Enrollment to Next Year" button.							
Enrollment for the current year.         You are not currently enrolled in any applicable benefit plans for this calendar year.         Enrollment offers for the next calendar year.         Plan       Plan Type       Plan Begin       Plan End       Enrolled       Annual Contrib.       Plan Information         Dependent Care Reimb Acct       FSA - Dependent       0       \$0.00       FSA - Dependent         Medical Reimbursement Acct       FSA - Medical       0       \$0.00       FSA - Medical         Enroll in Plan       Change Enrollment       Remove Enrollment       Image: Continue with Enrollment       Image: Continue with Enrollment	Enrollment changes will not be stor are satisfied with your enrollment o application.	ed in the benefits sy ptions, click the "Co	ystem until you sa ontinue with Enroll	we the chan Iment" butto	ges on the on below to	next page of this a proceed to the new	application. Once you ext page of this	
Plan       Plan Type       Plan Begin       Plan End       Enrolled       Annual Contrib.       Plan Information         Dependent Care Reimb Acct       FSA - Dependent       \$0.00       FSA - Dependent         Medical Reimbursement Acct       FSA - Medical       \$0.00       FSA - Medical         Enroll in Plan       Change Enrollment       Remove Enrollment       Continue with Enrollment	Enrollment for the current year.	w applicable bonofit	plane for this cal					
Plan       Plan Type       Plan Begin       Plan End       Enrolled       Annual Contrib.       Plan Information         Dependent Care Reimb Acct       FSA - Dependent       0       \$0.00       FSA - Dependent         Medical Reimbursement Acct       FSA - Medical       0       \$0.00       FSA - Medical         Enroll in Plan       Change Enrollment       Remove Enrollment       Continue with Enrollment       Image: Continue with Enrollment	Enrollment offers for the next cale	ny applicable benefit	plans for this cale	endar year.				
Dependent Care Reimb Acct       FSA - Dependent       \$0.00       FSA - Dependent         Medical Reimbursement Acct       FSA - Medical       \$0.00       FSA - Medical         Enroll in Plan       Change Enrollment       Remove Enrollment         Continue with Enrollment       Continue with Enrollment		raar jourr						
Medical Reimbursement Acct       FSA - Medical         Enroll in Plan       Change Enrollment         Continue with Enrollment	Plan	Plan Type	Plan Begin	Plan End	Enrolled	Annual Contrib.	Plan Information	
Enroll in Plan Change Enrollment Remove Enrollment Continue with Enrollment	Plan Dependent Care Reimb Acct	Plan Type FSA - Dependent	Plan Begin	Plan End	Enrolled	Annual Contrib. \$0.00	Plan Information FSA - Dependent	
	Plan Dependent Care Reimb Acct Medical Reimbursement Acct	Plan Type FSA - Dependent FSA - Medical	Plan Begin	Plan End	Enrolled	Annual Contrib. \$0.00 \$0.00	Plan Information FSA - Dependent FSA - Medical	

**9.** Users will receive a pop-up window asking for the *Annual Goal,* which is the desired total annual contribution amount. Enter the appropriate amount and select *Enroll in Plan.* 

Enrollment Offer 1	for: FSA - Dependent						
Plan Name:	Dependent Care Reimb Acct						
Plan Type:	FSA - Dependent						
Enrollment Period:	101001000111 1000100011						
Use your Dependen expenses such as o	Use your Dependent Care Reimbursement FSA for eligible dependent care expenses such as daycare, after school care, and elder care.						
Enter the amou	nt you would like to contribute to this plan.						
Annual Goal:	0 USD (Maximum Contribution: \$5,000.00 USD)						
	<b>_</b>						
	Cancel Enrollment Enroll in Plan						

**10.** If an additional FSA Plan is desired, steps 8 and 9 should be repeated. If selections are complete, then click *Continue with Enrollment*.

		Plan Information
Dependent Care Reimb Acct FSA - Dependent	\$2,400.00	FSA - Dependent
Medical Reimbursement Acct FSA - Medical	\$0.00	FSA - Medical

**11.** On the *Plan Confirmation* screen, review selections and click *Submit Enrollment* if everything is correct. If the information is not correct, click *Return to Plan Selection* and correct the errors.

Benefits Enrollment Review of Changes Before Submission								
Enrollment Start Accept Dis	Claimer Plan Selection	4 Plan Confirmation	Enrollmen	5 Complete				
This page displays your final benefit elections. If you are satisfied with your selections, click "Submit Enrollment". If you would like to make changes, you may go back to the previous screen and make all relevant changes to your benefits enrollment by clicking "Return to Plan Selection".								
Enrollm	ent is not complete	until you clicl	k Submit I	Enrollment be	elow.			
Enrollm Enrollment Summary	<mark>ient is not complete</mark>	until you clicl	k Submit I	Enrollment be	elow.			
Enrollm Enrollment Summary Plan	ent is not complete	e until you click	K Submit	Enrollment be	Action			
Enrollm Enrollment Summary Plan Dependent Care Reimb Acct	Plan Type FSA - Dependent	e until you click	K Submit	Annual Contrib. \$2,400.00	Action New or Updated Enrollment			

**12.** At this point, enrollment(s) are complete. Users may wish to print a copy of the enrollment summary for their records by selecting *Printer Friendly Version*. If the user has an email address pre-existing in the SAP system at the time of registration, an email confirming the FSA election(s) will be sent to the employee instantaneously.

Benefits Enrollment Review of Changes Before Submission									
Enrollment Start Accept Disclaime	3 r Plan Selection	4 Plan Confirmation	5 Enrollment	Complete					
Enrollment completed successfully!									
Enrollment Summary									
Plan	Plan Type	Plan Begin	Plan End	Annual Contrib.	Action				
Dependent Care Reimb Acct	FSA - Dependent	100010000	100110101	\$2,400.00	New or Updated Enrollment				
<ul> <li>Your benefits enrollment options hat</li> <li>A copy of this enrollment summary I</li> <li>If you would like to print a copy of this</li> <li>If you wish to see a summary of your</li> </ul>	ve been submitted. has been emailed to: EWC s summary: benefits:	DLSZCZENSKI@PAS Printer Friendly Versi Show Benefits Enroll	SHE.EDU on ment						
	<b>∢</b> R	eturn to Plan Selectio	n						

**NOTE:** Please retain the email confirmation as your record of enrollment. If any discrepancy should arise, you will need this document as proof of enrollment.

Pennsylvania State System of Higher Education – Updated October 2013