

FSA Change in FermiWorks

From the home page, select the Benefits worklet:




Benefits


Under “Change”, click on “Benefits”



Choose "FSA Health/Dependent Care Change" and the CURRENT DATE for the benefit event date:

Benefit Event Type *

- Birth/Adoption – Employee Only
- Change Beneficiaries Only – Employee Only
- Change HSA Election
- Change in Benefit Eligibility Due to LOA
- Dependent Death – Employee Only
- Dependent Lost or Gained Coverage Elsewhere – Employee Only
- Divorce – Employee Only
-  FSA Health/Dependent Care Change
- Marriage – Employee Only

Benefit Event Date * 

Click Submit. Next, you will see a screen that looks like this:

You have submitted

Benefit Event: Maria Lifka (236310) on 06/16/2020 Actions

Up Next



Maria Lifka

Change Benefit Elections

Due Date 06/18/2020

[Open](#)

[> Details and Process](#)

Click “Open” and follow the prompts to make the change.

NOTE: **Your new election cannot be lower than your current year to date contributions in the plan.** Please be sure to verify this amount by reviewing your account at www.payflex.com or checking your pay stubs.

You can also contact Payroll at askpayroll@fnal.gov or extension 3046 to confirm you current year to date contribution amount. The “estimated contributions made this year” amount that appears in FermiWorks is typically not an exact amount due to rounding differences.

For changes to your HCFSA, the new election also cannot be lower than the total amount for which you have been reimbursed from the plan in 2020. Because the Health Care Flexible Spending Account allows for immediate reimbursement up to your full annual elected amount at the start of the plan year, it’s possible that the amount of funds that have been reimbursed to you is higher than your year to date contributions. You can verify the amount by accessing your account at www.payflex.com.

Spending Account Elections 2 items

Benefit Plan	*Elect / Waive	Contributions
Health Care FSA - Payflex	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Your number of remaining payroll deductions for the year 7 Your estimated contributions made this year 1,125.00 How much do you want to contribute for the total year? 2,700.00 How much do you want to contribute per paycheck (Monthly)? 225.00
Dependent Care FSA - Payflex	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year 7 Your estimated contributions made this year 0.00 How much do you want to contribute for the total year? 0.00 How much do you want to contribute per paycheck (Monthly)? 0.00

Once you have made your changes, click “Continue”. The next screen will show the election you made. If it is correct, check the electronic signature box and click “Submit”. The event will be routed to Benefits for approval so will not be immediately reflected on your Benefits screen.

If the change is not what you intended, use the “Go Back” button to edit the change and continue as outlined above to submit the event.