

Dependent Care 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, then click "Submit". You can also choose a future date, but only prospective changes are allowed, and you should consider the payroll cycles when choosing your new contribution amount.

Change Benefits Maria Lifka (236310)

- Change Reason *
- 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 * 

Submit Elections By (empty)



enter your comment

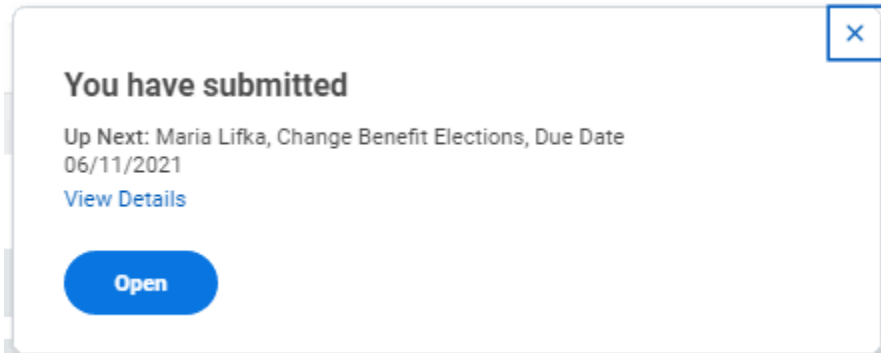


Submit

Save for Later

Cancel

You will see this screen next. Click on “Open”.



Next, you will see the screen below. Click on “Let’s Get Started”.

Change Benefit Elections

Initiated On 06/09/2021

Submit Elections By 07/09/2021

Let's Get Started

From this screen, under Dependent Care FSA, click on “Manage”. If you haven’t yet contributed in 2021, it will be set to waive, and you need to click on “Enroll”.

FSA Health/Dependent Care Change

Projected Total Cost Per Paycheck
\$458.34

Projected Total Credits
\$0.00

Accounts

Account Name	Provider	Contribution per paycheck	Action
Health Care FSA	Payflex	\$41.67	Manage
Dependent Care FSA	Payflex	\$416.67	Manage ←

If you are currently waiving, click on "Select" on the screen shown below, and then "Confirm and Continue". If you are already enrolled, just click on "Confirm and Continue".

Dependent Care FSA

Projected Total Cost Per Paycheck
\$458.34

Projected Total Credits
\$0.00

Plans Available

Select a plan or Waive to opt out of Dependent Care FSA.

1 item

*Selection	Benefit Plan	You Contribute (Monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Payflex	\$416.67

Confirm and Continue

Cancel

On the next screen, update your election amount and click on "Save". 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 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.

Dependent Care FSA - Payflex

Projected Total Cost Per Paycheck
\$744.05

Projected Total Credits
\$0.00

Contribute

Your estimated contributions made this year 2,083.31

Per Paycheck

Annual

Remaining Paychecks 7

Minimum Annual Amount: \$25.00

Maximum Annual Amount: \$10,500.00

Summary

Total Annual Contribution \$7,000.00


Save

Cancel

Next you will be routed back to this screen. Click on "Review and Sign".

FSA Health/Dependent Care Change



Projected Total Cost Per Paycheck \$744.05	Projected Total Credits \$0.00
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Your Dependent Care FSA changes have been updated, but not submitted

Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

Accounts

 Health Care FSA Payflex	 Dependent Care FSA Payflex
Contribution per paycheck \$41.67	Contribution per paycheck \$702.38
Manage	Manage

[Review and Sign](#) [Save for Later](#)

On the next screen, you should see your newly elected amount. If it looks as expected, click the “I Accept” box for your electronic signature and then click “Submit”. Or you can save for later and go back to the event in your FermiWorks in-box. **Note: any changes you make are not saved until you electronically sign and click Submit.**

Selected Benefits 2 Items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage
Health Care FSA Payflex	01/01/2021	01/01/2021	\$500.00 Annual
Dependent Care FSA Payflex	06/09/2021	06/09/2021	\$7,000.00 Annual

Waived Benefits 0 Items

Benefit	Amount
No Data	

Total Benefits Cost 1 Item

Company Contribution	Employee Cost
\$0.00	\$744.05

Attachments

Drop files here


or

Select files

Electronic Signature

I authorize Fermilab to deduct from my paycheck the appropriate contributions, if any, to the employee benefit plans that I have elected. Contributions for medical, dental and vision coverage will be done on a before tax basis as designated as such on the employee's paycheck. There will be imputed income calculated for basic life insurance as dictated by IRS requirements. I hereby certify that the information I have provided on this form is true and correct.

I Accept



The next screen gives you a confirmation that your event was submitted. You have the option to view and print your statement if you would like to do so.

Submitted

Success, You're Enrolled

Thank you for submitting your benefits election. Please review your elections carefully and make sure the elections are correct.

[View 2021 Benefits Statement](#)

[Done](#)

The change will be routed to Benefits for review and approval.