## Flexible Spending Account Enrollment through FIORI

**IMPORTANT:** Elections are not finalized/submitted until all steps of the process have been completed and you receive the pop-up that states, "Success." **Please elect** to send yourself an email as proof of enrollment.

Access FIORI Self-Service then select the *My Benefits Enrollment* tile.

Wy Personal Data	My Addresses	Direct Deposit / Bank Information	My Family Members	My Communication Data	Ethnicity/Race	Education Information
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Иу Leave Request	My Paystubs	My Timesheet	W-4 Withholding	Display W-2 Form	Update W-2 Election	Display Absences
J.¢	24	£	<u>چ</u>	<b>A</b>		8
My Benefits	SECA Enrollment	Total Compensation Statement	My Timesheet V3 - Custom	Faculty / Coach Employee Information	My Benefits Enrollment	My External Organizations

## 1. Step 1 - Select the enrollment event.

Select the appropriate enrollment event, then click the Next icon.

C 2 STREETSTATE My Benefits and , Doe (Library Technician)	Enrollment 🔻	٩ ٤
Select Select Review Enrollment Benefits Select Event and En	ons Oll	
Enrollment Event	Enrollment Period	Effective Dates
FSA Open Enrollment	10/07/2024 - 10/25/2024	01/01/2025 - 12/31/2025
O PEBTF Health Open En	10/07/2024 - 10/25/2024	01/01/2025 - 12/31/9999
		A

FSA–Day Care, for eligible dependents (age 12 & under) Day Care, Summer Camp, Elder Care, etc. FSA–Health Care, for medical expenses only, Copays, Prescriptions, Dental, Eyeglasses, etc.

< ? STATE ST	My Ber	nefits Enrollment 🔻					Q	
Jane , Doe (Library T	'echnician)							
Select Enrollment Event	Select Benefits	Review Selections and Enroll						
FSA Open Enr	ollment All	~				Search	Q î.	6
Benefit Name	Benefit Type	Status	Start Date	Option	Coverage	Frequency	Action	
FSA-Day Care	FSA-Day Care	Not Enrolled	01/01/2025			Bi-weekly	Opt In	
FSA-Health Care	FSA-Health Care	Not Enrolled	01/01/2025			Bi-weekly	Opt In	
						*		
					1	*		
						\$		

 Step 3 - FSA – Day Care, (continue to step 4 if you did not choose the Day Care option) Elect the amount you choose for the 2025 year. The maximum is \$5,000 and expenses must be incurred between 1/1/2025 and 12/31/2025. This account does not have a carryover option.

Select Confirm Selection to continue

K ? STATE STATE STATE	lment 🔻				Q 8
FSA-Day Care					
Participation Period from 01/01/2025 to 12/31/2025 Frequency: Bi-weekly	Type-FSA Dependent Care Plan-CYC				
Options					
Details: Annual contribution for FSA-Day Care for the period Annual Contribution Amount: OOO USD (Minimum 0.00 USD - Maximum 5,000.00 USD ) Amount Per Pay Check: 0.00 USD	01/01/2025 - 12/31/2025				
			Confirm S	election	Cancel

4. <u>Step 4 - FSA – Health Care</u>, (continue to step 5 if you did not choose the Health Care option) The maximum for 2025 \$3,200. The carryover option for this account is \$640 for 2025 into 2026.

Select Confirm Selection to continue

(?) SHETENSTER (INC. STATE) (I	Q 8
FSA-Health Care	
Participation Period from 01/01/2025 to 12/31/2025 Type-FSA Medical	
Frequency: Bi-weekly Plan-CYC	
Options	
Details:	
Annual contribution for PSA-nearth Care for the period 02/01/2025 = 12/51/2025	
(Minimum 0.00 USD - Maximum 200.00 USD )	
Amount Dar Day Charle	
Amount Per Pay Creck: 0.00 USD	

5. <u>Step 5 - After all changes have been made</u>, review your elections. The yearly amount and the cost per pay are both listed.

Select Enroll to continue

Q 8
FSA-Health Care (Opting In) Edit Plan Plan Validity: 01/01/2025 - 12/31/2025 Pre-Tax Costs: 96.15 upp Frequency: Bi-weekty

## 6. Step 6 - Select Email Confirmation Statement to Me.

By selecting to have your statement emailed, you have proof of your enrollment

