

Your Guide to Online Enrollment



Getting started

To enroll in a PayFlex® account, go to HealthHub.com and click on **Employee Account Login** at the top of the page. If you have not registered your account, click on **Register Now**. Otherwise, login by entering your username and password and click **Login**.

Registering your account

- Click on **Register Now** and enter your Social Security Number (SSN) as the **Member ID**. Make sure to enter your SSN without dashes or spaces (e.g., 123456789). Then enter your 5-digit home zip code and click **Register**.
- You may be asked to enter an Employer ID number. If you do not know your Employer ID number, contact customer service at 800.284.4885.
- Create your own username and password. Then re-enter your password to confirm.
- Select a security question and answer.
- Then enter your email address twice and click **Confirm**.
- After successfully registering your account, **My Dashboard** will be displayed and you will be able to access your account information.
- To receive electronic account notifications via *eNotify*, select **My Settings** at the top of the page.
 - Select **Manage Notifications**.
 - Enter your email address and then re-enter to confirm.
 - Then select the notifications you wish to receive and click **Submit**.

Enrolling in your PayFlex account

- After you have successfully logged in, select **Online Enrollment** under **Quick Links** on the left hand navigation bar of the **My Dashboard** screen.



- Select your **Employer** from the drop down box (if prompted).
- The PayFlex accounts that are available to you will be displayed. Select the account(s) that you wish to enroll in by checking each box. If you do not wish to enroll in a particular account shown, do not check the box.

Online Enrollment

Employer:

Account Type	Per-Pay Deduction	Pay Periods	Total Annual Deduction	Minimum Annual Deduction	Maximum Annual Deduction
<input checked="" type="checkbox"/> Dependent Care	<input type="text" value="\$50.00"/>	X 26	= \$1,300.00	\$100.00	\$5,000.00
<input checked="" type="checkbox"/> Healthcare (FSA)	<input type="text" value="\$45.25"/>	X 52	= \$2,353.00	\$50.00	\$2,500.00

SAVE MY ELECTIONS

- Enter the amount you wish to have deducted from your paycheck each pay period in the space provided. Please note that the minimum and maximum annual deductions are set by your employer.
- Your annual election will automatically be calculated based on the number of pay periods provided by your employer.
- Click on **Save My Elections**. This will bring up a confirmation screen showing the account(s) you have selected to enroll in, your per pay deduction(s) and annual election(s). You will also see Terms and Conditions.

My Dashboard **Financial Center** Benefits Center Wellness Center Consumer Center

Online Enrollment

Employer:

Account Type	Per-Pay Deduction	Pay Periods	Total Annual Deduction	Minimum Annual Deduction	Maximum Annual Deduction
Dependent Care	\$50.00	X 26	= \$1,300.00	\$0.00	\$5,000.00
Healthcare (FSA)	\$45.25	X 52	= \$2,353.00	\$0.00	\$2,500.00

By confirming your elections you accept the following Terms and Conditions:

- I wish to participate in the flexible spending account plan and authorize payroll reduction from my salary on a pre-tax basis in the amount(s) indicated below, and continuing until this election is amended or terminated or until the Plan Year ends. Employer-sponsored benefit coverage contributions are automatically reduced from my compensation on a pre-tax basis.
- I understand:
 - This election can only be changed or revoked during the Plan Year if I have a change in status as defined in the Plan or if I am no longer eligible to participate. The new election must be consistent with my change in status, must be applied for within 30 days of the change, and is subject to final approval by my employer.
 - This election will be automatically changed or cancelled, if necessary, to comply with provisions of the Internal Revenue Code or if required employer-sponsored benefit contributions increase or decrease.
 - The maximum exclusion under a Dependent Care Reimbursement Account for married individuals filing a joint return is \$5,000 per calendar year. Married individuals filing separately will get a lower exclusion (\$2,500 per calendar year). IRS Form 2441 must be filed with my personal income tax return.
 - Any amounts remaining in my reimbursement accounts at the end of the Plan Year will be forfeited.
 - Salary contributed into one reimbursement account cannot be transferred and used for expenses in any other account.
 - A new Enrollment Form must be completed each Plan Year. If I do not complete and return an Enrollment Form during Open Enrollment, I forfeit the opportunity to participate in the Benefit Choices outlined above.

- To complete the enrollment process, you need to review and accept these terms and conditions. If you agree, click **Submit**.

CANCEL

SUBMIT

- A final confirmation screen will be displayed, showing the accounts you have been successfully enrolled in. You will also receive a confirmation email from PayFlex confirming your enrollment.