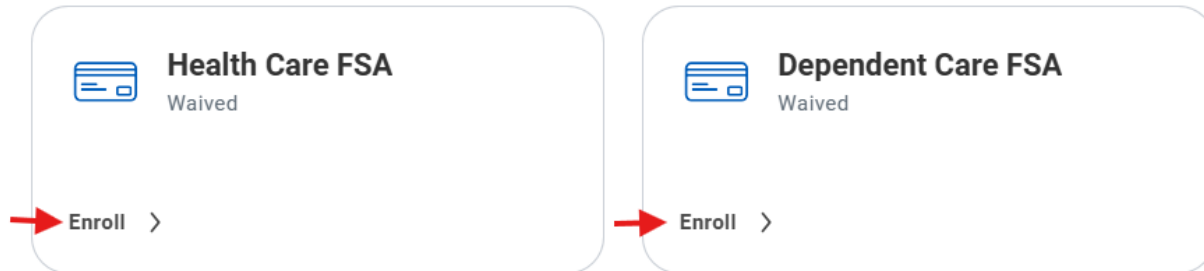


Enrolling in a **Flexible Spending Account (FSA)** for the new plan year in your Open Enrollment Event

1. Login to Workday and refer to the Open Enrollment Event Job Aid (steps 1-4) arrive at the Open Enrollment Event task.
2. Select the FSA account to enroll – Health Care FSA and/or Dependent Care FSA



3. Note that there is help text to the right. **Please ensure you review this information carefully prior to making your selections!**

Choose “Select” and click Confirm and Continue.



Plans Available

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

1 item

Benefit Plan	*Selection	You Contribute (Semimonthly)	Company Contribution (Semimonthly)
Inspira	☒ Select ☐ Waive		

4. Enter the **Annual amount** you would like to contribute – the system will calculate the rest based on the 26 pay periods in the full plan year.

Contribute

Your estimated contributions made this year ██████████

Per Paycheck Annual

Remaining Paychecks ██████████

Minimum Annual Amount: \$340.00

Maximum Annual Amount: \$3,400.00

Summary

Contribution (Semimonthly) \$0.00

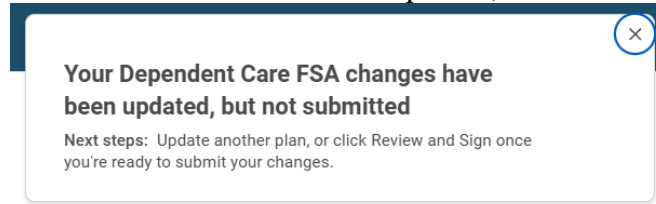
Total Annual Contribution \$0.00

Pay attention to the Annual Contribution.

Per paycheck and semi-monthly are calculated behind the scenes and may not reflect appropriately.

- a. ***Note*** -- there are minimum and maximum contribution amounts. Verify your Total Annual Contribution. FSA is deducted per pay period – not semimonthly.

5. Click the “Save” button. This will redirect you to enroll, manage, or view the rest of the benefit tiles.
 - a. **Note** -- Your selections have been updated, but not submitted.



6. Once you have reviewed **all** of your elections and made any desired changes, you will select the “Review and Sign” button at the bottom of the elections page. You can also save your work for later if you need to revisit your elections but would like to save your progress with any changes you have already made.



7. When you select “Review and Sign”, you will be directed to a summary page, which will include your elections, cost, and a selection for attachments. Please review the acknowledgement statement and select the box “I accept” before selecting ‘Submit’.

Electronic Signature

LEGAL NOTICE: Please Read

Your Name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I AGREE" checkbox, you are certifying that:

1. You understand that your benefit elections are legal and binding transactions.
2. You understand that all benefits are contingent upon your enrollment and acceptance by your HR representative and by your insurance carriers or benefit

I Accept ☐

enter your comment



*If you have questions or need additional assistance, please contact the Human Resources Employee Benefits Unit. (831) 454–2241
benefits.questions@santacruzcountyca.gov*