

Munis Employee Self Service (ESS) – FSA Benefits Enrollment Instructions

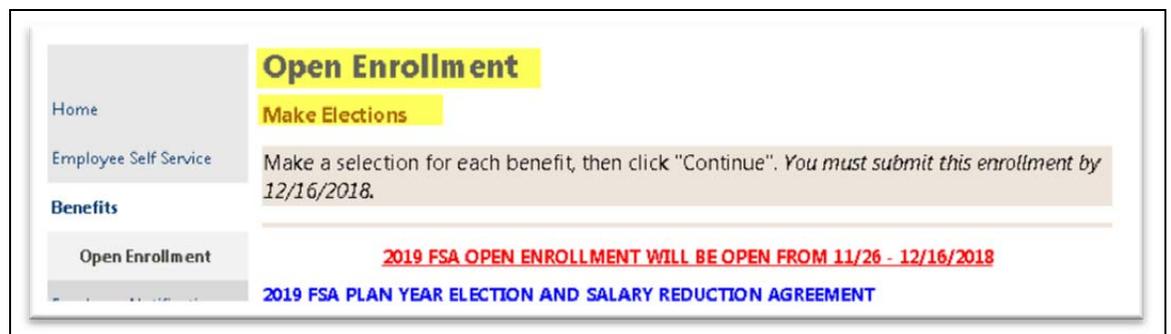
- 1) Log in to ESS at <https://erpselfservice.glendaleca.gov/MSS/>
- 2) Select Benefits



- a. For your **reference**, you can access PayPro Administrators website and the FSA Benefits Open Enrollment Flyer in the RESOURCES icon at the top right corner of the page, next to your name.



- 3) Select OPEN ENROLLMENT to make your elections.
 - a. If you are currently enrolled this year, you will see your “CURRENT” FSA elections.



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- 4) Read this year’s FSA Plan Year Election and Salary Reduction Agreement – Open Enrollment will be open during the dates listed only.

Open enrollment

Make Elections

Make a selection for each benefit, then click "Continue". You must submit this enrollment by 12/16/2018.

2019 FSA OPEN ENROLLMENT WILL BE OPEN FROM 11/26 - 12/16/2018

2019 FSA PLAN YEAR ELECTION AND SALARY REDUCTION AGREEMENT

I HEREBY AUTHORIZE MY EMPLOYER TO REDUCE MY CASH COMPENSATION AS INDICATED IN THIS ELECTRONIC ELECTION FOR THE 2019 FSA PLAN YEAR. THIS AMOUNT WILL BE DEDUCTED FROM THE FIRST TWO PAYCHECKS EVERY MONTH. THE FUNDS CAN BE ACCESSED FOR REIMBURSEMENT BY SUBMITTING CLAIMS TO THE PLAN FOR ELIGIBLE EXPENSES. I HAVE ELECTED TO HAVE MY PORTION OF ELIGIBLE GROUP INSURANCE PREMIUMS WITHHELD TAX FREE - HOWEVER I UNDERSTAND THOSE PREMIUMS ARE NOT REIMBURSABLE. MY CONTRIBUTIONS WILL BE CALCULATED BASED ON THE BENEFITS I HAVE ELECTED TO ENROLL IN.

I UNDERSTAND THAT THIS ELECTRONIC ELECTION FORM FOR BOTH FSA CATEGORIES, AS WELL AS MY ELIGIBLE GROUP INSURANCE PREMIUMS, CANNOT BE REVOKED OR CHANGED DURING THE PLAN YEAR, UNLESS THERE IS A QUALIFYING CHANGE IN STATUS (E.G. MARRIAGE, DIVORCE, DEATH OF A SPOUSE/CHILD, BIRTH OR ADOPTION OF A CHILD, OR TERMINATION OF EMPLOYMENT) WHICH ILLUSTRATES THE REVOCATION OR CHANGE.

I UNDERSTAND THAT IF ANY UNUSED CONTRIBUTIONS REMAIN IN THE ACCOUNT AT PLAN YEAR END (AND SUBSEQUENT GRACE PERIOD), THE "USE IT OR LOSE IT" RULE APPLIES AND THOSE FUNDS WILL BE FORFEITED. I UNDERSTAND THAT ALL EXPENSES MUST BE INCURRED DURING THE PLAN YEAR IN ORDER TO BE CONSIDERED ELIGIBLE. INCURRED IS THE DATE THE SERVICES WERE RENDERED, NOT THE DATE THE EXPENSE MAY HAVE BEEN PAID OR BILLED.

I UNDERSTAND THAT I HAVE THE OPTION TO CHANGE MY ELECTIONS DURING THE FSA OPEN ENROLLMENT PERIOD (OEP) EACH YEAR. IF I DO NOT SUBMIT CHANGES DURING THE FSA OEP, MY ELECTIONS WILL END FOR THE NEW PLAN YEAR.

ELIGIBLE GROUP INSURANCE PREMIUM CHANGES EACH YEAR ARE AUTOMATICALLY WITHHELD PRE-TAX. I CAN OPT OUT OF HAVING MY ELIGIBLE GROUP INSURANCE PREMIUMS WITHHELD PRE-TAX IF I SUBMIT SUCH REQUEST TO BENEFITS PRIOR TO THE BEGINNING OF THE PLAN YEAR.

I UNDERSTAND THAT IF I DON'T RECEIVE A PAYCHECK, AND MISS A REQUIRED DEDUCTION(S), THE MISSED DEDUCTION(S) WILL BE INCLUDED WITH THE NORMAL DEDUCTION ON MY NEXT PAYCHECK.

- 5) Select to **“Decline benefit” OR “Make New Election” OR “Change New Election”** for each FSA Dependent Care and FSA Health

Benefit	Current Election	New Election	
FSA DEPENDENT CARE	FSA DEPENDENT CARE \$152.09 details	Election Not Made	Decline benefit Make New Election
FSA HEALTH	FSA HEALTH \$91.67 details	Election Not Made	Decline benefit Make New Election
			Continue

Benefit	Current Election	New Election	
FSA DEPENDENT CARE	No Election Made	FSA DEPENDENT CARE \$208.34 details	Decline benefit Change New Election
FSA HEALTH	No Election Made	FSA HEALTH \$112.50 details	Decline benefit Change New Election
All costs are per pay period. Your estimated total cost per pay period is \$320.84.			Continue

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- 6) Select the **FSA Election**
 - a. Enter **PER PAYCHECK dollar amount OR Decline**
 - b. Select **CONTINUE**

benefits
FSA DEPENDENT CARE PAYPRO ADMINISTRATORS

FSA Dep Care Annual Limit is \$5,000. Deductions are taken from first two paychecks every month. Enter amount **NOT to exceed \$208.34 per paycheck**. Select **CONTINUE** after entering an amount.

FSA DEPENDENT CARE
Annual Costs: Employee Cost \$0.00
Pay Period Costs: Employee Cost \$0.00
Amount:

I Decline

After entering per paycheck dollar amount
Select **CONTINUE**

- 7) Select the next **FSA Election** following same instructions above...
 - a. Enter **PER PAYCHECK dollar amount OR Decline**
 - b. Select **CONTINUE**

benefits
FSA HEALTH

FSA Health Annual Limit is \$2,700. Deductions are taken from first 2 paychecks every month. Enter amount **NOT to exceed \$112.50 per paycheck**. Select **CONTINUE** after entering an amount.

FSA HEALTH
Annual Costs: Employee Cost \$2,700.00
Pay Period Costs: Employee Cost \$112.50
Amount:

I Decline

After entering per paycheck dollar amount
Select **CONTINUE**

- 8) Once you have completed your enrollment and/or declination
 - a. Select **CONTINUE** to make your elections.

BY SUBMITTING THIS ELECTRONIC FSA ENROLLMENT ELECTION, I AGREE TO THE TERMS NOTED IN THE ABOVE SALARY REDUCTION AGREEMENT.

Benefit	Current Election	New Election	
FSA DEPENDENT CARE	No Election Made	FSA DEPENDENT CARE \$208.34 details	Decline benefit Change New Election
FSA HEALTH	No Election Made	FSA HEALTH \$112.50 details	Decline benefit Change New Election

All costs are per pay period. Your estimated total cost per pay period is \$320.84.

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9) Review and verify your elections, if all is okay, select **Submit Choices**.

Review your enrollment

Review

FSA DEPENDENT CARE	
ELECTION - FSA DEPENDENT CARE	
Pay Period Employee Cost	\$200.34
Annual Employee Cost	\$5,000.16
Election amount	\$200.34

FSA HEALTH	
ELECTION - FSA HEALTH	
Pay Period Employee Cost	\$112.50
Annual Employee Cost	\$2,700.00
Election amount	\$112.50

TOTAL PAY PERIOD EMPLOYEE COST	\$320.84
TOTAL ANNUAL EMPLOYEE COST	\$7,700.16

Submit Choices Modify Cancel

10) You should now see a **GREEN** check mark on your Confirmation page.

Confirmation

Confirmation

Your enrollment was submitted successfully. You can make changes until your choices have been approved. You may want to print this page for your records.

2019 BENEFITS PLAN OPEN ENROLLMENT WILL BE AVAILABLE 11/26 - 12/16/2018.

FSA DEPENDENT CARE	
ELECTION - FSA DEPENDENT CARE	
Pay Period Employee Cost	\$200.34
Annual Employee Cost	\$5,000.16
Election amount	\$200.34

FSA HEALTH	
ELECTION - FSA HEALTH	
Pay Period Employee Cost	\$112.50
Annual Employee Cost	\$2,700.00
Election amount	\$112.50

TOTAL PAY PERIOD EMPLOYEE COST	\$320.84
TOTAL ANNUAL EMPLOYEE COST	\$7,700.16

11) You can print a copy for your records and log out of ESS.