

## Online Enrollment Instructions

Our online enrollment portal makes it easy to calculate your election, enroll in your Flexible Spending Account (FSA) plan(s), add a dependent, and order additional debit cards. Please complete your enrollment per the instructions below, prior to the end of your employer's enrollment period. You are just a few clicks away from saving money with a tax-advantaged FSA plan!

### Logging In

1. Go to: [myameriflex.com/ppt-open-enrollment](https://myameriflex.com/ppt-open-enrollment)
2. Enter the following information:
  - DOB:** MM/DD/YYYY
  - SSN:** Last four digits of your SSN
3. After logging in, you'll be asked if you would like to elect or waive coverage.
  - If waiving you will be redirected back to the login screen with a notice that coverage has been waived.
  - If electing, please proceed through the prompts.

### Important Reminders

FSA Annual Max \$ \_\_\_\_\_

DCA Annual Max: \$ \_\_\_\_\_ (\$ \_\_\_\_\_ married and filing separately)P

Be sure to have the SSN and date of birth available for a spouse or any dependent(s) over the age of 18 for whom you would like to order additional FSA debit cards.

**Your enrollment period begins \_\_\_\_\_ and ends \_\_\_\_\_.**

**No changes of any variety will be permitted after \_\_\_\_\_.**

Please proceed with your enrollment, using the instructions on the next page as your guide. If you encounter problems or have any questions, please contact our Member Services team at 888.868.FLEX (3539) 8:30am - 8:00pm EST, Monday through Friday.

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If you select to enroll in coverage, you will first review and make any needed updates to your demographic information.

On the next page you will see all of your active dependents and you will have the opportunity to edit those or add additional dependents.

SSN	First Name	Last Name	Relationship
*****1457	George	Woodcrest	Spouse

You will then be directed to the online enrollment section, where you can make your election.

Account Type	Annual Election	Per Pay Amount
LPP	\$1000.00	\$19.23

Once you enter your annual election amount. You can enter the per pay or the annual, and the other will calculate for you.

I will enter annual contribution     I will enter per pay contribution

Annual Contribution: 1000    Per Pay Contribution: 19.23

**I understand the following:**

- My account(s) will not automatically renew. During each annual open enrollment period, I understand that I must complete a new enrollment form indicating my account contributions for the new plan year.
- I cannot change or revoke this agreement at any time during the plan year unless I have a change in family status (including marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse, or such other events as the Plan Administrator determines will permit a change or revocation of an election).
- The Plan Administrator may reduce, cancel, or otherwise modify this agreement in the event that she believes it is advisable in order to satisfy certain provisions of the Internal Revenue Code.

This agreement is subject to the terms of the Company's Flexible Benefits Plan, as amended from time to time, which shall be governed under applicable laws, and revokes any prior agreement relating to such plan(s).

By checking this box, I agree to the terms and procedures listed herein

Once completed, click Complete Enrollment and you are all done!