Online Enrollment for Flexible Spending Accounts in Ameriflex

1. Navigate to : <u>Ameriflex Participant Portal</u>

	Ameriflex®	
ONLINE ENF	ROLLMENT	
Date of Birth (m	ım/dd/yyyy)	
mm/dd/yyyy		ļ
	Security Number	ĺ
	NEXT	

- 2. Enter the following information:
 - SSN: Last four digits of your SSN
 - DOB: MM/DD/YYYY
- **3.** After logging in, you will have the option either waive or enroll in coverage. Select *the I want to enroll in coverage box*, then click *Continue*.

ELECT TO WAIVE	ECOVERAGE
I want to waive	e all coverage for the period from Jan 2024 to Dec 2024
V I want to enro	II in coverage for the period from Jan 2024 to Dec 2024

- 4. You will then be directed to verify your personal information or update as needed. Once you are finished verifying, click **Continue.**
- 5. Next, edit or add dependents as needed. Click **Continue**.

6. The My Enrollment Accounts screen will appear, and you will have to select the plan type you'd like to enroll in from the drop-down menu.

MY ENROLL	LMENT ACCOUNTS	
F	You have not enrolled in any accounts. Please select a plan from the dropdown to enroll	
	Select Plan 🗸	

 Once you select the plan type that you would like to enroll in; fill out your Annual Election Amount. Next, read the agreement and check the box indicating that you have read and agree to the terms and procedures and click Save Enrollment.

Annual Contribution	Par Pau Contribution
3200	160
understand the following:	ally receive During each approal energy
 My account(s) will not automatic enrollment period, I understand indicating my account contribution 	that I must complete a new enrollment form ons for the new plan year.
 I cannot change or revoke this ay unless I have a change in family : spouse or child, birth or adoptio employment of a spouse, or such determines will permit a change 	greement at any time during the plan year status (including marriage, divorce, death of a n of a child, termination or commencement of h other events as the Plan Administrator or revocation of an election).
 The Plan Administrator may redu agreement in the event he/she b certain provisions of the Internal 	uce, cancel, or otherwise modify this believes it is advisable in order to satisfy I Revenue Code.
This agreement is subject to the terms amended from time to time, which sha revokes any prior agreement relating t	of the Company's Flexible Benefits Plan, as ill be governed under applicable laws, and o such plan(s).

8. Click Complete Enrollment to finalize your elections.