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BENEFITS BULLETIN

October 16, 2009

How To Enroll Online In The PayFlex FSA For 2010

RE-ENROLLMENT REMINDER: If you are currently enrolled, and you wish to participate in the FSA in 2010, you must re-enroll. Please visit us at www.mypayflex.com.

NEW ENROLLMENT: If you are not currently enrolled, you can do so from October 19th to October 30, 2009.

The FSA (Flexible Spending Account) health plan is an employer-sponsored plan that lets you deduct pre-tax dollars from your paycheck and put them into a special account that can be used for out-of-pocket medical, dental and vision expenses as well as many over the counter FSA approved products.

You save a percentage of each dollar you spend on eligible healthcare expenses incurred by you and/or your eligible spouse and dependents if you are eligible to participate in a City medical plan.

For a list of eligible expenses, please visit the Department of Finance Benefit Management Division's website: www.cityofchicago.org/benefits and click on the FSA Plan Description link.

You can also call Payflex for customer service at 1-800-284-4885 between 7am and 7pm Monday thru Friday.



Getting Started

- 1 Open an internet browser
- 2 Go to www.mypayflex.com.
- 3 Click on "Login" on the left-hand navigation bar. Enter your username and password you have used to access your prior accounts with PayFlex. Proceed to Step 2 on reverse side.
- 4 If you do not have a username and password, you will need to register on www.mypayflex.com. To do this, click on the link to "Register My Account" and follow the instructions in Step 1 on reverse side.

SEE REVERSE SIDE

Step 1: Registering Your Account

- Enter your member number (no dashes), which in most cases is your Social Security Number, and your zip code to validate your account. (use the zip code on file with your employer)
- On the “My Info” screen enter a username and password, select a security question and answer and provide the email address you wish to use to receive confirmation for your enrollment.
- You also have the option of enrolling in eNotify which will allow you to receive important email communications from PayFlex regarding your account. After completing all fields click “Submit.”
- You will receive a confirmation message when you have finished registration. Any existing accounts with PayFlex will appear as well.

Step 2: Enrolling in Your Benefits

- After you have successfully logged back in or completed your registration, find “Online Enrollment” on the left-hand navigation bar.
- Click “Account Selection” for a listing of accounts available to you.*
- Select “Yes” for each of the accounts you wish to enroll in.
- Enter the amount you wish to have deducted from your paycheck per pay period.
- Your annual election will automatically be calculated based on the number of payroll cycles provided by your employer.
- If you do not want to participate in one of the offerings choose “No”.
- When you are finished making your elections click “Submit” at the bottom of the page.
- You will be directed to a page so you can review your elections and accept the terms and conditions regarding your new PayFlex account.
- Review your elections and the Terms and Conditions on the Employee Enrollment Confirmation page. You must click “Accept My Elections” at the bottom of the page to complete your enrollment. If you need to make changes, click “Change My Elections”.
- Within an hour you will receive an email from automail@payflex.com confirming your elections.
- If you need to make changes to your election, you can do so by revisiting www.mypayflex.com and adjusting your elections prior to the end of your open enrollment period (which will be specified in your confirmation email).

* Important Note: **You are not eligible to enroll in FSA Dependent Day Care Account at the present time if you are a represented employee in the following bargaining units:** Supervising Police Communications Operators represented by Teamsters Local 727; Public Health Nurse III's and IV's represented by Teamsters Local 743; uniformed Firefighters and Paramedics represented by the Chicago Fire Fighters Union, Local No. 2; Police Sergeants represented by the Policemen's Benevolent & Protective Association of Illinois (PB&PA); and sworn Police Officers below the rank of Sergeant represented by the Fraternal Order of Police (FOP).

FSA 2009 – USE IT OR LOSE IT

If you currently participate in the City's FSA plan and you don't use all the money in your 2009 FSA account before March 15, 2010, your remaining balance will be forfeited.



IMPORTANT ANNOUNCEMENT



SPECIAL 'ADULT CHILD' ENROLLMENT

January 1 – March 31, 2010

Public Act 95-0958 requires the City of Chicago Medical Care Plan for Employees to extend coverage for eligible dependents to age 26; or to age 30 for eligible dependent veterans.

You will receive more information regarding this special enrollment in December, including:

- Who is eligible to enroll
- Documentation requirements
- Pre or post tax premium contributions.

COST OF COVERAGE: The categories of coverage (to age 26 or age 30 for veterans), are in addition to the categories of coverage already provided by the City, therefore there will be premiums charged for such coverage.

Monthly Cost of Single Coverage

Blue Cross PPO	Unicare HMO Performance	Blue Advantage HMO	Compbenefits Dental PPO	Compbenefits Dental HMO
\$540.03	\$446.84	\$349.15	\$16.00	\$10.68