

# It's time to choose your benefit plans for open enrollment!

## **If you HAVE registered on the gente portal:**

At this time, if you have already registered on the gente portal to view your FSA and/or Transit plan, you may log in as usual.

## **If you HAVE NOT registered on the gente portal:**

You will first need to register:

1. Visit [www.gente.solutions](http://www.gente.solutions)
  2. Click: Login in the upper right hand corner
  3. Click: The center blue box for FSA, Transit, HRA Benefits Participants
  4. Click: Don't have an account? Get Started!
  5. Input your personal information (email, last 4 of SS#, DOB & zip code)
  6. Click: Sign Up (You will receive a temporary password in your email – Your email address will be your username)
- \*\*Once logged in you can update your password under settings

## **HOW TO CHOOSE YOUR PLANS:**

Once you have accessed the gente portal:

1. Choose the "FSA, Transit, HRA Participant" tab

Login



For the best experience, we recommend using the current versions of Firefox, Chrome, Safari, and Edge.


Some functionality may be limited in Internet Explorer and older browser versions.

2. Choose "Open Enrollment"



- You will be brought to the Home Screen where you will start at “Personal”.

**gente** Accounts Reimbursements Demographics Settings Benefits Open Enrollment

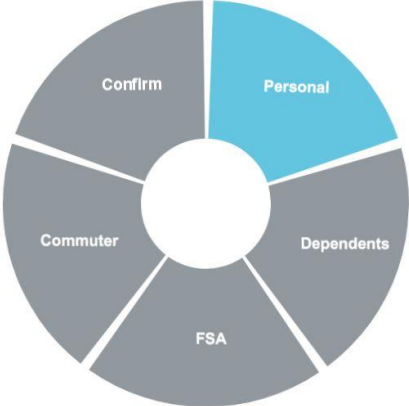


## Open Enrollment


It's Open Enrollment time, which means that this is the time of year when you choose how much money you want to set aside for your Healthcare Flexible Spending Account, Dependent Care Account, as well as your Commuter Benefits Accounts.

While you can update your Commuter Benefits Accounts at any time throughout the year, your Dependent Care can only be adjusted with a change in the cost of care and your Healthcare Flexible Spending Account can only be adjusted with a change in the number of dependents.

Please complete the process within the portal to have your elections updated for the coming plan year.




- You:** Your personal information will already be entered for you. Please pay close attention and confirm that all of the information is accurate and up to date. Once you have reviewed the information and made any necessary changes, select “Save and proceed” to move on to the next page.



## Personal Information

### Confirm Your Information

Please verify the information below, as this information will be used to enroll you in the plans that you select. Please pay special attention to your address and Social Security Number, as this information is used by the plan administrator for ID cards and claims administration.



**Personal data**

First name  MI  Last name

Male  Female  DOB  SSN

**Address info**

Address1  Address2

City  State  ZIP

**Contact data**

Phone  Email

5. **Dependents:** Enter any eligible family members that will be enrolled in any/all of your plans. Once your family members are listed, select “Proceed” to be directed to the next page.



### Confirm Your Family's Information

Please verify the information below, as this information will be used to enroll you in the plans that you select. Please pay special attention to Date of Birth and Social Security Number as used by the plan administrator for ID cards and claims administration.



Add dependent

relationship	gender	name	DOB	SSN
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Proceed

6. **FSA:**

**IF YOU CHOOSE TO DECLINE FSA**, simply select the “I decline to participate in Medical Care FSA” and/or “I decline to participate in Dependent Care FSA” button(s) under each selection, then “Save and proceed” to be brought to the next page.



### Make Your FSA Elections

Healthcare Flexible Spending Accounts allow you to put aside up to \_\_\_\_\_ for any medical expenses for you and your family. You can use this money to pay for expenses under the plan as well as dental and vision expenses. A Dependent Care Assistance Program helps you by allowing you to use tax-free dollars to pay for daycare, before-care, and after-care for you or your dependent child age 13 while you work.



I elect to participate in the following FSA plans and authorize my employer to reduce my salary by:

I elect to participate in Medical Care FSA

MC Annual \$ 0 Cost per paycheck \$ 0

I decline to participate in Medical Care FSA

I elect to participate in Dependent Care FSA

DC Annual \$ 0 Cost per paycheck \$ 0

I decline to participate in Dependent Care FSA

**IF YOU CHOOSE TO ENROLL IN FSA**, select the box next to the benefit you are choosing and then enter the amount you would like to elect. Please pay attention to the max benefit amounts at the top of the page. Once you enter an amount, you will see what your cost per pay will be. Once all elections have been made, select “Save and proceed” to be brought to the next page.

## Flexible Spending Account

### Make Your FSA Elections

Healthcare Flexible Spending Accounts allow you to put aside up to \_\_\_\_\_ for any medical expenses for you and your family. You can use this money to pay for expenses under tr well as dental and vision expenses. A Dependent Care Assistance Program helps you by allowing you to use tax-free dollars to pay for daycare, before-care, and after-care for you age 13 while you work.



I elect to participate in the following FSA plans and authorize my employer to reduce m salary by:

I elect to participate in Medical Care FSA

MC Annual	Cost per paycheck
\$ 0	\$ 0

I decline to participate in Medical Care FSA

I elect to participate in Dependent Care FSA

DC Annual	Cost per paycheck
\$ 0	\$ 0

I decline to participate in Dependent Care FSA

**7. Commuter:** Please follow the same directions above (#6) to decline or elect commuter benefits. Once all elections have been made, select “Save and proceed” to be brought to the confirmation page.

## Commuter Benefits

### Make Your Commute Elections

A commuter account allows you to set aside pre-tax dollars for mass transit and parking expenses associated with your daily commute to work. There are two types of commuter accounts: mass transit and parking the option to enroll in one or both accounts. You choose a monthly election amount, up to \$270 for mass transit expenses and \$270 for parking expenses. The money is placed in your account via payroll deduction used to pay for eligible commuting expenses. Any unused funds that remain in your account at the end of the year will be carried over into the next plan year, if you continue to participate in the plan.



I elect to participate in the following qualified transportation benefits and authorize my employer to deduc following amounts monthly from each paycheck:

I elect to participate in Mass Transit and my monthly contributions should be:

Transit Pre Tax	Cost per paycheck
\$ 0	\$ 0
Transit Post Tax	Cost per paycheck
\$ 0	\$ 0

I decline to participate in Mass Transit

I elect to participate in Qualified Parking and my monthly contributions should be:

Parking Pre Tax	Cost per paycheck
\$ 0	\$ 0
Parking Post Tax	Cost per paycheck
\$ 0	\$ 0

I decline participate in to Qualified Parking

Total Cost per paycheck  
\$ 0

Save Save and proceed

- 8. Confirm:** At this time, please review your elected plans, who is enrolled, and the cost to you. If you need to make any changes, go back and do so. If not, choose "I accept" and hit save. A green bubble will pop up in the upper right hand corner of your screen that reads, "**Election Confirmed**" as notification of completion. You also have the option to Download a PDF copy of your elections for your own records.

\*\*\* If you see that any of your chosen elections are missing, it is most likely due to the "Accept" button not being clicked on the page before proceeding. If this happens, simply go back to the missing slice, hit "Accept", then "Save and Proceed". You can then click back on the confirmation page and it should appear.

**CONGRATULATIONS! YOU HAVE COMPLETED YOUR OPEN ENROLLMENT ELECTIONS!!**