



Consumer Enrollment – Online New FSA Enrollment

Log into [https:// hrpro.lh1ondemand.com/](https://hrpro.lh1ondemand.com/)
Or access from our client portal on hrpro.com
Under **“Setting up a New Account”**
Enter Code **BAI-**
Click on **“Get Started”** at the right of the screen

This will take you to a **“Create Account Page”**

Fill out all required information such as name, date of birth, address, and email. You **MUST** answer all questions with a red *

Create a user name

(Note: Your username must be in this format: First initial (uppercase), full last name (lowercase), and the last four digits of your SSN. Example: John Smith with SSN 123-45-6789 would have a username of Jsmith6789)

Create Password

The password must: • Have a minimum of 6 characters • Contain at least one number • Contain upper and lowercase letters • Cannot be the same as the last 2 passwords

Click Next

Select and answer (5) security questions.

To keep information secure, you may be asked to answer these questions when accessing sensitive information or making changes to account.



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Continued

Your main page account is now initiate and you will see The main account screen. This screen will have enrollment information displayed for you to start the enrollment process.

This page also shows any messages in your “Message Center”. Check this area periodically for important messages regarding your account.

Click **“Enroll Now”** to begin the enrollment process.

This takes you to the “Enrollment” page with important information regarding FSA enrollment, and plan description for your FSA account and DCA (Dependent Care Account) *if elected*. A separate pop-up window will appear for plan information.

After reviewing information, and are ready to proceed, click **“Begin Your Enrollment Now”** located on the right upper side of page.

The **Participant Profile** screen will appear. Verify/update all information and click **“Continue”**
All red * questions are required.



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Continued

If “Do you have any dependents” from previous page is marked “yes”, then this page for dependent information will appear. Multiple dependents may be entered on this page. If “Do you have any dependents” on previous page is marked “no” Then you will proceed directly to step 3.

Dependents

steps: 1 2 3 4 5 6

First Name: *
Middle Initial:
Last Name: *
Social Security Number:
Birth Date: * (mm/dd/yyyy)
Gender: * ☐ Female ☐ Male
Full Time Student: * ☐ Yes ☒ No
Relationship: * = required field

Eligible Dependents	Name	SSN	Relationship
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The “Plan Rules” page will appear for FSA and DCA (if elected). Read through rules pertaining to account(s). Click “I have read and understand the rules” and click continue.

Plan Rules

steps: 1 2 3 4 5 6

It is important to be aware of some of the basic rules of these accounts before you enroll. Make sure you keep these in mind when you are making your elections. We also encourage you to review the Summary Plan Description for more detailed rules regarding these Pre-tax Accounts.

2015 FSA
Eligible expenses must qualify as a medical deduction under Internal Revenue Service rules (Section 213(d)). Sample health care expenses include deductibles, co-pays, eyeglasses, contact lenses, prescription and over-the-counter drugs, chiropractic care, therapy and corrective eye surgery (i.e. Lasik).
☐ I have read and understand the [2015 FSA rules](#).

Dependent Care 2015
Eligible expenses must qualify as a Dependent Care deduction under Internal Revenue Service rules.
Ensure your expenses are for a qualified dependent (child under 13, spouse or adult dependent unable to care for self), for care by a qualified dependent care provider, such as a day care center or individual, including non-dependent family member over 19, caring for your dependent(s) inside or outside the home. Additional rules may be found in your Summary Plan Description or on the Plan Details page.
Your expenses must be incurred (service must be provided/purchase must be made) within the dates of the Plan Year and, if applicable, any Plan Year extension period, to be qualified for reimbursement from your Dependent Care Flex Account unless there is a special extension period (see your Summary Plan Description for details.)
You will be reimbursed from your Dependent Care Flexible Spending Account plan up to the amount contributed to date via payroll deduction.
Your enrollment in the Dependent Care Flexible Spending Account is binding for the entire Plan Year, unless you experience a qualified change of status, such as marital status change or birth of a child.
☐ I have read and understand the [Dependent Care 2015 rules](#).

Your “Elections” page will appear. You can view plan maximums and enter your current year election amount. If no dependents are noted, “Dependent Care” will not be an option.

Once the election amount is entered, click **calculate** and it will show your total tax savings and estimated per pay period deduction.

Click “Continue” to proceed.

Elections

steps: 1 2 3 4 5 6

Enter your actual elections in the field provided. To calculate the total elections, tax savings, and estimated per pay period deduction select the calculate button. If you choose to not enroll in a plan leave the field blank.

	Your Election	Max Employee Election
2015 FSA	<input type="text"/>	\$2,500.00
Dependent Care 2015	<input type="text"/>	\$5,000.00

Total election for the year:
Total tax savings for the year:
Estimated per pay period deduction:

* Tax savings estimate is based on a 30% tax rate. True tax savings will be based on your individual circumstances.



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The **Payment Method** screen will appear. The reimbursement methods offered by your employer will be displayed. Select which method of reimbursement you prefer - check or direct deposit.

NOTE: If direct deposit is selected, an additional screen will appear after this one to set up direct deposit.

Click **“Continue”**

Payment Method

steps: 1 2 3 4 5 6

Select the method in which you would like to be reimbursed.

☐ Check
Reimbursement checks will be distributed on the scheduled reimbursement date.

☐ Direct Deposit
Your reimbursement will be deposited into your designated bank account within 2 business days from the date we receive substantiation of your claims.

Continue

Direct Deposit Information: (only if checked on previous Screen) enter routing number and click **“Find Your Bank”** this will take you your Bank Information screen.

Setup Direct Deposit

steps: 1 2 3 4 5 6

Routing Number: Find Your Bank

Joan E. Hancock
75012 Colson Avenue
Louisville, Kentucky 40225

AnyBank USA
Anywhere, USA

routing and transit # checking account # check #

* = required

Skip Online Direct Deposit

Enter account number, bank name and address. Once completed, click **“Continue”** to move to next step.

Setup Direct Deposit

steps: 1 2 3 4 5 6

A bank matching the routing number could not be found. If your routing number is correct, complete the bank information. If your routing number is not correct, click Change Your Bank.

Routing Number: 123456789 Change Your Bank

Account Number:

Account Type: Checking

Account Nickname:

Bank Name:

Street Address:

City:

State: Alabama

Zip Code:

Joan E. Hancock
75012 Colson Avenue
Louisville, Kentucky 40225

AnyBank USA
Anywhere, USA

routing and transit # checking account # check #

* = required

Continue



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The **Enrollment Verification Screen** will appear- verify/edit information, then click “**Submit**”

Enrollment Verification

steps: 1 2 3 4 5 6

You must click submit at the bottom of this page to complete your enrollment.

Profile [Edit Information](#)

Name: Jane Consumer
Social Security Number:
Address: 1234 Anywhere Street
Anytown, MI 48083 United States
Home Phone: (248) 555-1212
Birth Date: 8/5/1960
Gender: Female
Marital Status: Married
Email Address: JConsumer@TCITest.com
Do you have any dependents? Yes

Dependents [Edit Information](#)

Full Name	SSN	Birth Date	Gender	Full Time Student	Relationship
Jenny Consumer		8/5/2000	Female	Yes	Dependent

Enrollment Elections [Edit Information](#)

	Employee Contribution	Company Contribution
2015 FSA	\$2,500.00	
Dependent Care 2015	\$5,000.00	
Total Election for the year: \$7,500.00		
Estimated per pay period reduction*: \$288.45		

* Begins on the first pay date of the Plan Year.

Method of Reimbursement [Edit Information](#)

You have chosen Direct Deposit as your method of payment.

[Submit](#) [Cancel](#)

The **Enrollment Confirmation Page** will appear. Please print this page for your records.

HOME ACCOUNTS PROFILE STATEMENTS & NOTIFICATIONS TOOLS & SUPPORT DASHBOARD

Jane Consumer
Last Login: 6/23/2015 - Online | [Logout](#)

Enrollment Confirmation

Please print this page for your records.

Congratulations, you have successfully enrolled in the following Pre-tax Benefit Plans.

Plan	Company Contribution	Employee Contribution	Estimated Per Paycheck Reduction
2015 FSA		\$2,500.00	\$96.15
Dependent Care 2015		\$5,000.00	\$192.30
Total Estimated Reductions Per Paycheck*: \$288.45			

* Pay check reductions are based on your election and the number of scheduled pay periods within the plan year. True reductions will be determined by your employer.

You have chosen to be reimbursed by Direct Deposit.

The payroll deduction to fund your spending accounts will begin on 8/10/2015 and end on your last paycheck of the plan year. You may begin filing claims for eligible expenses on 8/1/2015. All claims must be filed for expenses incurred while you are a participant, within the plan year 8/1/2015 - 7/31/2016.

You will receive a confirmation email with instructions on how to file a claim, check your account balance, and obtain additional information about your pre-tax benefit plans. You can also view this information now by downloading the [Next Steps](#) document.

[Print](#)

That's it! You are all enrolled. You may access your account anytime from our client portal found on the hrpro.com website. You can view your account, check and update your profile, add dependents, get statements and access our tools and support area with contact information, forms and handy links.