



## Consumer Enrollment – Online FSA Re-Enrollment

Log into <https://hrpro.lh1ondemand.com>

Or access from our client portal on hrpro.com

Under “Existing User”

Enter your Username.

Click Next, enter password

This will take you to your account main page.

The process begins by clicking the “Enroll Now” button.

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.



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

**Participant Profile**

steps: 1 2 3 4 5 6

First Name: \* Jane  
Middle Initial:   
Last Name: \* Consumer  
Social Security Number: 75961545  
Consumer Communication ID: 75961545  
Country: \* United States  
Address Line 1: \* 1234 Anywhere Street  
Address Line 2:   
City: \* Anytown  
State: \* Michigan  
Zip Code: \* 48083  
Home Phone: \* ( )   
Birth Date: \* 8/5/1960 (mm/dd/yyyy)  
Gender: \* ☐ Female ☐ Male  
Marital Status: \* ☐ Married ☐ Single  
Email Address: jConsumer@TCITest.com  
By providing an email address, you will receive communications electronically about your benefits in lieu of paper documents. Your email address will not be shared or used for any other purpose.  
Do you have any dependents? ☐ Yes ☒ No  
\* = required field  
Continue

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  
Add to List Cancel  
Eligible Dependents  
Name SSN Relationship  
Continue

The **“Plan Rules”** page will appear for FSA and DCA (if elected).  
Read though 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](#).  
Continue



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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.

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**”

**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.

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



## Consumer Enrollment – Online FSA Re-Enrollment

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 continue to 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.