

2008 Online Enrollment

Address <https://www.myflexonline.com/Login/Welcome.aspx>

MyFlexOnline

Registered Participants

User Name:

Password:

LOGON

Additional Options

[NEW USER](#)

[LOST PASSWORD](#)

[VIEW SAMPLE](#)

Welcome to the MyFlexOnline participant website. Although this page may look different, your previously established username and password is still valid.

First time? Click on "New User" to establish your username and password to manage your account.

Go to MyFlexOnline.com and enter your Username and Password to Login.

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MyFlexOnline

Only one account per participant (employee) is available. To create a new account, complete all the items below and click "Continue."

Social Security Number (11223333):

Date of Birth: (mm/dd/yyyy):

E-mail Address:

NOTE: If you leave the user name blank, your user name will be the e-mail address entered above.

User Name:

Must be 6-20 characters long any combination of numbers, letters or symbols: !@#\$%^&*(). Letters are upper and lower case sensitive. No spaces.

Password:

Must be 6-20 characters long any combination of numbers, letters or symbols: !@#\$%^&*(). Letters are upper and lower case sensitive. No spaces.

Confirm Password:

Select a Hint Question:

Answer:

Continue

If you do not have an account setup click on "NEW USER"

Address <https://www.myflexonline.com/newYearEnroll.aspx>

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Enrollment

Enrollment in New Year

Plan	Benefit	Maximum Amount	Annual Election	Per Pay Period
2007 FSA	FSA - Dependent Care	\$5,000.00	\$0.00	\$0.00
2007 FSA	FSA - Unreimbursed Medical	\$2,000.00	\$1,999.92	\$76.92

Plan	Benefit	Maximum Amount	Annual Election	Per Pay Period
2008 FSA	FSA - Dependent Care	\$5,000.00	4999.80	\$192.30
2008 FSA	FSA - Unreimbursed Medical	\$2,000.00	1999.92	\$76.92

Continue

At the top of the page click on "User Info" and click on "Enrollment"

Enter the desired Annual Election amounts in the boxes and click on "Continue"

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Enrollment

Enrollment in New Year

Please verify your annual election(s) for the new plan year before selecting "Submit."

Select "Submit" to record your annual election(s).

Select "Previous" to return to make changes to previous selections.

Plan	Benefit	Maximum Amount	Annual Election	Per Pay Period
2008 FSA	FSA - Dependent Care	\$5,000.00	\$4,999.80	\$192.30
2008 FSA	FSA - Unreimbursed Medical	\$2,000.00	\$1,999.92	\$76.92

Previous **Submit**

Verify that the information entered is correct and click "Submit" to complete your enrollment or click "Previous" to make changes.