

# Open Enrollment for FSA and DCAP

Click on the following link:

<https://MEDSURETYconsumer.lh1ondemand.com/Login.aspx?sec=HWC-AJG055>

If you are currently enrolled in FSA, DCAP and/or HRA/VEBA you can log directly into your portal

If you are enrolling for the first time for 2023-2024 plan year click Get Started to set up your account

**MEDSURETY** *Maximize Your Health Savings*

## Login

### Existing Users

Username  [Forgot Username?](#)

**Next**

### Setting up a New Account?

New users can create a new account to get started.

**Get Started**

Contact Us - Call MEDSURETY LLC at (952) 303-5700, Toll Free at (888) 816-4234 or Email us at [customerservice@medsurety.com](mailto:customerservice@medsurety.com)

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## Create Account

**25%**  
\*Required

**Personal Information**

Please enter the following personal information to create your account.  
Create a username and password to login to your account in the future.

Name\*

Birth Date\*

Home Address\*

Mailing Address\*  Same as Home Address

Member will enter all of their information then click Next



# Create Account

**50%**

---

### Contact Information

\*Required

Email Address\*

Confirm Email Address\*

Alternate Email Address

Confirm Alternate Email Address

Mobile Number \* ?  (  )  -

Your mobile number will be used only for the purpose of servicing your benefit plan account. This information will not be used for any solicitations.

Time Zone \* ?

Enter Information and click Next

# Create Account

**75%**

---

### Login Information

Username\*

Your username may contain alphanumeric characters and any of the following special characters: period (.), at sign (@), underscore (\_), and dash (-).

Password\*

The password must: · Have a minimum of 6 characters · Not be one of your last 3 passwords · Contain upper and lowercase letters · Contain at least one number

Confirm Password\*

Choose a username and password – Click Next

Member will be asked to Answer Security Questions

## Answer Security Questions

\*Required

Please enter an answer to any 3 security questions to complete your user setup. To keep your information secure, you will be asked to answer 3 of these questions to complete sensitive actions within the portal such as resetting a forgotten password.

Select a question... *	<input type="text"/>
Select a question... *	<input type="text"/>
Select a question... *	<input type="text"/>

Once the security questions have been chosen, click Next

The member is now taken into their online portal, this will give the member more information on the benefits they are able to enroll on:

**Want To:**

**It's Open Enrollment Time!**

**Accounts**



When member is ready to enroll they will click on Being Your Enrollment Now

**Enrollment** ✕

Which plan would you like to enroll in?

MFSA, 2023

DCAP, 2023

[Continue](#)

Choose the FSA option and follow the instructions below.

## Enrollment

Are you ready to enroll? [Begin Your Enrollment Now](#)

Enrolling in a Pre-Tax Benefit plan allows you to save Federal, State, Social Security and Medicare taxes on dollars you put into the plan. **You could save approximately 30% on every plan dollar you spend**, depending on your tax bracket.

Review your available plans to find out how to best use these programs. To learn more about the benefits offered, click on the appropriate Plan Description link below.

**MFSA 2023** [Plan Description](#)

A medical spending account allows the employee to set aside before-tax dollars to pay for medical expenses that are not paid by insurance, the employer, or reimbursed by any other source. The annual election maximum is based on the plan's design. The annual election that the employee determines is irrevocable once the employer's open enrollment period is over unless the employee experiences a status change. The election must be requested for reimbursement for services within the plan year and/or while actively participating in the plan (Use-it-or-lose-it Rule).

**DCAP 2023** [Plan Description](#)

Your employer will establish a Dependent Care FSA on your behalf. The amount that you elect to contribute will be pro-rated and deducted from each paycheck for the upcoming plan year. These deductions will appear as a credit to your Dependent Care FSA. As you incur eligible expenses you will submit a claim to draw funds from your account. Paying for dependent care on a pre-tax basis means your taxable income is lower and, consequently, your taxes are lower.

You will want to click [Begin Your Enrollment Now](#)

Profile

steps:

- 1
- 2
- 3
- 4
- 5
- 6

\* = required field

**First Name:** Joe  
**Middle Initial:**  
**Last Name:** Joseph  
**Participant Account ID:** 0005033480

**Home Address:**  
Country: United States  
Address Line 1: 9600 Avenue N  
Address Line 2:  
City: St Paul  
State: MN  
Zip Code: 12345

**Mailing Address:**  
Country: United States  
Address Line 1: 9600 Avenue N  
Address Line 2:  
City: St Paul  
State: MN  
Zip Code: 12345

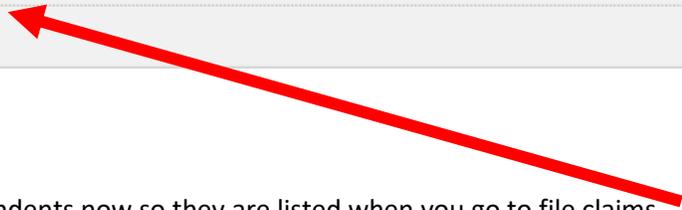
**Home Phone:**  
**Birth Date:** 11/12/1961  
(mm/dd/yyyy)

**Gender:**  
**Marital Status:**

**Email Address: \***

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



Continue

If you wanted you can add any dependents now so they are listed when you go to file claims.

By choosing Yes, you will be brought to the following screen.

## Step 2 – Dependent Information

### Dependents

steps: **1** 2 3 4 5 6

\* = required field

**First Name:** \*

**Middle Initial:**

**Last Name:** \*

**Birth Date:** \* (mm/dd/yyyy)

**Gender:** \*  Female  Male

**Full Time Student:** \*  Yes  No

**Relationship:**

---

**Eligible Dependents**

Name	Relationship
------	--------------

After they have added the information above they would click on Add to List

\* = required field

**First Name:** \*

**Middle Initial:**

**Last Name:** \*

**Birth Date:** \* (mm/dd/yyyy)

**Gender:** \*  Female  Male

**Full Time Student:** \*  Yes  No

**Relationship:**

---

**Eligible Dependents**

Name	Relationship
Sarah Demo	Dependent <a href="#">Update</a> <a href="#">Remove</a>

If no more dependents to add click on Continue

### Step 3. Plan Rules

## 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.

### MFSA 2023

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).

Your enrollment or waiver is binding for the plan year, unless you experience a qualified change in status under the rules of the plan. Pre-Tax Payroll reductions will begin upon the first payroll after the Plan Year Start Date.

I have read and understand the [MFSA](#) [rules](#)

### DCAP 2023

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.

Your enrollment or waiver is binding for the plan year, unless you experience a qualified change in status under the rules of the plan. Pre-Tax Payroll reductions will begin upon the first payroll after the Plan Year Start Date.

I have read and understand the [DCAP](#) [rules](#)

Continue

Member needs to check I have read and under the rules for Medical FSA and Dependent Care

Then click Continue

## Step 4 – Elections

### 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
MFSA: 2023	<input type="text"/>	\$3,050.00
	<input type="text"/>	
** DCAP 2023	<input type="text"/>	\$5,000.00
-----		
Total election for the year:		
-----		
Total tax savings for the year *:		<input type="button" value="Calculate"/>
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.  
\*\* You can enroll now, but you must add dependent(s) later in order to file claims.

Member will enter their Annual Election Amount in each benefit they want to enroll on then click calculate.

If the total Election amount is correct and you do not want to make any changes, click on Continue

## Step 5 – Payment Method

Here the member will automatically be given the Debit Card

Under Alternate reimbursement methods you will have to click Direct Deposit

### Payment Method

steps: 1 2 3 4 5 6

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

**Debit Card**

Your Debit Card provides convenient access to your benefit dollars. Use the card to pay qualified medical expenses for you and your qualified dependents.



If you choose to be reimbursed using the Debit Card, please answer the questions below.

1) What alternate reimbursement method would you like to use for the reimbursement of claims that are filed online?

Direct Deposit

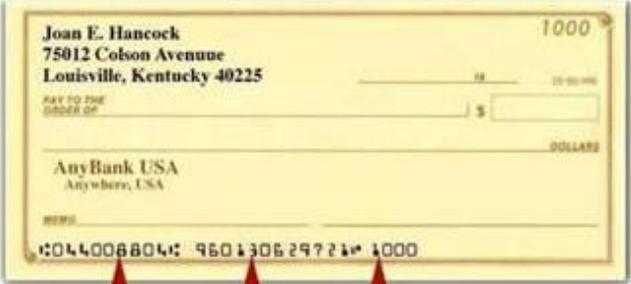
[Continue](#)

### Setup Direct Deposit

steps: 1 2 3 4 5 6

\* = required

Routing Number:  [Find Your Bank](#)



routing and transit #    checking account #    check #

Enter your Routing Number and click on Find your Bank

## Setup Direct Deposit

steps: 1 2 3 4 5 6

\* = required

Routing Number: \*

Account Number: \*

Confirm Account Number: \*

Account Type: \*

Account Nickname: \*

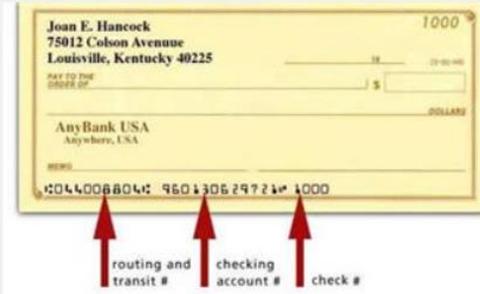
Bank Name: \*

Street Address: \*

City: \*

State: \*

Zip Code: \*



Enter in the Account Number, Confirm and Account Nickname then click Continue

## Step 6 – Enrollment Verification

### 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: Dan Molzahn  
Home Address: 207 Lewis Ave  
Watertown, MN 55388  
United States  
Mailing Address: 207 Lewis Ave  
Watertown, MN 55388  
United States  
Home Phone: ()  
Birth Date: 2/8/1980  
Gender:  
Marital Status: Single  
Email Address: kbruner1216@gmail.com  
Do you have any dependents? Yes

#### Dependents

[Edit Information](#)

Full Name	SSN	Birth Date	Gender	Full Time Student	Relationship
John Molzahn	xxx-xx-xxxx	2/9/2010	Male	No	Dependent

#### Enrollment Elections

[Edit Information](#)

	Employee Contribution	Company Contribution
MFSA 2023	\$0.00	
DCAP 2023	\$5,000.00	

Total Election for the year:

Estimated per pay period reduction : \*

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

#### Method of Reimbursement

[Edit Information](#)

You have chosen **Debit Card** as your method of payment.

Your alternate reimbursement method is Direct Deposit.

Separate debit cards will be issued to the following dependents:  
No dependent debit cards issued

[Submit](#)

[Cancel](#)

If everything on the screen looks correct, click on Submit



Otherwise next to each section they can click on Edit Information and make changes as needed.

If you edit a section, you will then be brought through each step until they reach the Enrollment Verification page to Submit.

Once the election has been submitted, they are given the following Enrollment Confirmation for their records. They can print this as well.

HOME EXPENSES **ACCOUNTS** TOOLS & SUPPORT STATEMENTS & NOTIFICATIONS PROFILE

Dan Molzahn ▾  
[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
MFSA		\$0.00
DCAP		\$5,000.00

Print

**Enrollment is now complete**