



## MEMORANDUM

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TO: All Eligible Full-Time Employees

FROM: H. Naomi Poole, Human Resources Director, Human Resources Department

DATE: October 29<sup>th</sup>, 2024

**RE: 2025 ASI Flexible Spending Open Enrollment**

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Open Enrollment for Health and Dependent Care Flexible Spending will occur on November 1<sup>st</sup>, 2024, for the plan year beginning January 1<sup>st</sup>, 2025.

**For employees currently enrolled, you MUST enroll online each calendar year. If you do not enroll during Open Enrollment, your current contributions will not continue into 2025.**

### **What is a Flexible Spending Account?**

A flexible Spending Account (FSA) is a tax-free account that allows you to pay for essential health care expenses that are not covered, or are partially covered, by your medical, dental, and vision insurance plans; or to pay for child/dependent care expenses. By contributing a portion of your paycheck into an FSA on a pre-tax basis, you can save from 25% - 40% on the cost of eligible expenses you are already incurring. You save money to pay for your out-of-pocket health care expenses, including prescription drug costs, medical, dental, vision, and hearing expenses, and/or your child or dependent care expenses, including daycare, babysitting, in-home care for older dependents and before and after school care expenses.

When you enroll in an FSA plan, you decide how much to contribute to the account for the entire plan year. The money is deducted from your paycheck, pre-tax (before Federal and State income taxes and FICA taxes are deducted) in equal amounts over the plan year (26 paychecks). After you incur expenses that qualify for reimbursement you submit a claim (reimbursement requests) to ASIFlex to request tax-free withdrawals from your FSA to reimburse yourself for these expenses. A debit card is also available. When you enroll in FSA, you will have a grace period of approximately 2 ½ months following the end of the plan year in which you can incur and submit expenses.

Using the FSA to pay for expenses will reduce your out-of-pocket cost significantly. Your personal tax rate may vary, and your savings will vary, according to your net tax rate. Use



the Savings Calculator found at [www.asiflex.com](http://www.asiflex.com) to estimate your savings. For additional information, please visit ASI's website at [www.asiflex.com](http://www.asiflex.com).

For the plan year beginning January 1, 2025, the maximum you can contribute to a Healthcare Flexible Spending Account (FSA) will be the minimum allowed by the IRS, which is \$2,750.

For the plan year beginning January 1, 2025, you can contribute the maximum to a Dependent Care Flexible Spending account (DCFSA) \$5,000 or \$2,500 if married and filing a separate tax return.

Attached you will find additional information regarding flexible spending including an enrollment form that needs to be completed and returned to HR, and online enrollment instructions. You must enroll both ways. Please contact Human Resources if you have any questions regarding Healthcare and Dependent Care Flexible Spending.

Online enrollment instructions are also available.

**ONLINE ENROLLMENT MUST BE COMPLETED BY 11:59 PM ON  
MONDAY, NOVEMBER 18, 2024**



**City of Dover**  
**Pre-Tax Flexible Spending Accounts 2025**  
**How to Enroll or Re-Enroll Online**

**November 1, 2024 – November 18, 2024**

**If you are a current participant, you may re-enroll under Account Detail:**

- a. Go to [asiflex.com](https://asiflex.com) and click on the "Account Detail" tab.
- b. Once you are on the Main Menu, simply click on the green "Open Enrollment" button under the "Participant Services" section of the webpage.
- c. See Making Elections (Below)

**If you are not a current participant:**

- a. Go to <https://enroll.asiflex.com>
- b. Enter your employer code: **CODOVER** and click "**Continue**".
- c. Enter your social security and click "**Continue**".
- d. Enter the first three letters of your last name and then the initial of your first name. You may be prompted to enter your full first name, last name or ID for verification purposes. Click "**Continue**".

**Making Elections**

1. Health Care Flexible Spending Account - If you wish to participate in this account, check the box. You may then enter either the amount of your per pay period or annual election and hit "**Calculate**". Once you are satisfied with your election, click "**Continue**" to go to the next page. If you do not wish to participate in the HCFSa, simply click "**Continue**" to go to the next page.
2. Dependent Care Flexible Spending Account - If you wish to participate in this account, check the box. You may then enter the amount of your per pay period or annual election and hit "**Calculate**". Once you are satisfied with your election, click "**Continue**" to go to the next page. If you do not wish to participate in the DCFSA, simply click "**Continue**" to go to the next page.
3. Reimbursement - To have your reimbursements deposited to a bank account, complete the bank routing number, account number and type of account. You may also sign up for text alerts by providing your mobile phone number and wireless carrier information. To sign up for email alerts, enter and confirm your email address. Click "**Continue**".
4. Debit Card - Choose Yes or No to indicate if you wish to receive a debit card. Click "**Continue**". If you are a current debit card holder, you must choose yes if you would like your card to be funded for the new plan year.
5. Debit Card Application for Health Care FSA - Complete the application, and click "**Continue**".
6. Final Review - Review and confirm your elections. Click "**Confirm**" to complete your enrollment, or click "**Go Back**" to change your enrollment.
7. Your Elections Have Been Recorded - The final screen will display your confirmation number and election. **Print or save this screen for your records.**

**Note:** If you need to make a change after exiting this web site and before open enrollment closes, simply login and enroll again using this procedure. The last on-line enrollment submitted is the one saved for your 2025 participation.

**All online enrollments must be completed by 11:59 p.m. ET on November 18, 2024.**  
**Call ASIFlex at (800) 659-3035 if you need assistance with enrollment or have plan questions.**