

Job Aid: Commuter Flexible Spending Account (FSA) Change



Document Name: Reporting a Commuter FSA Change Click here to enter text.		
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Date Revised: 10/18/2021	Written by: Victoria Jeon	Approved by: Click here to enter text.

Overview

The Commuter Flexible Spending Account (FSA) allows team members to set aside pre-tax dollars for public transportation (buses, trains, subways) or Vanpool to and from work. You cannot use for rideshare with a coworker in an unapproved Vanpool vehicle, or your personal car or gas. You may opt in and opt out on a monthly basis. Before you can use the benefit, the funds must be deducted from your paycheck and funded to your account. You will receive a debit card from Discovery.

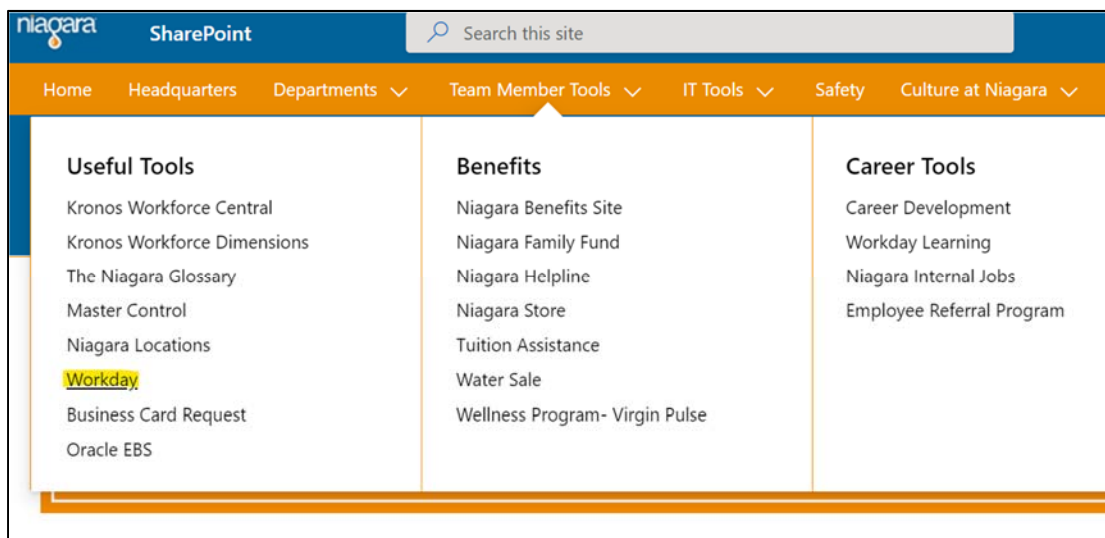
Please find more info here:

<https://www.wexinc.com/solutions/benefits/>

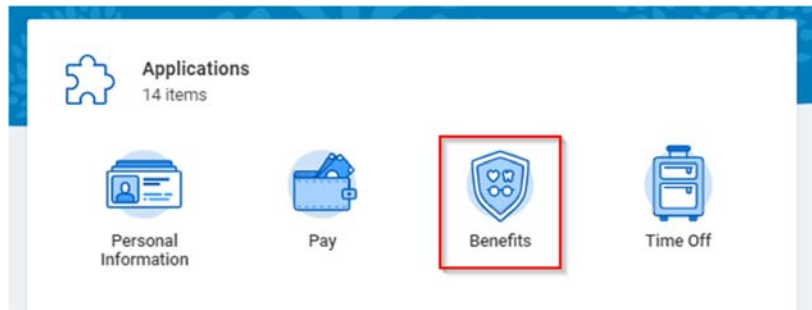
Procedure

[PART 1]

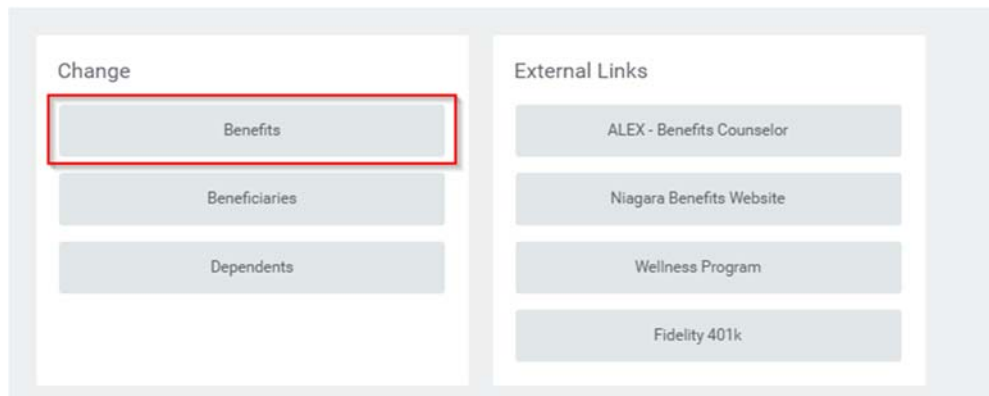
1. Open an internet browser like Firefox or Google Chrome and access Workday via Splash.



2. From the Workday home page, select the Benefits Worklet



3. Select Change Benefits from the left navigation area

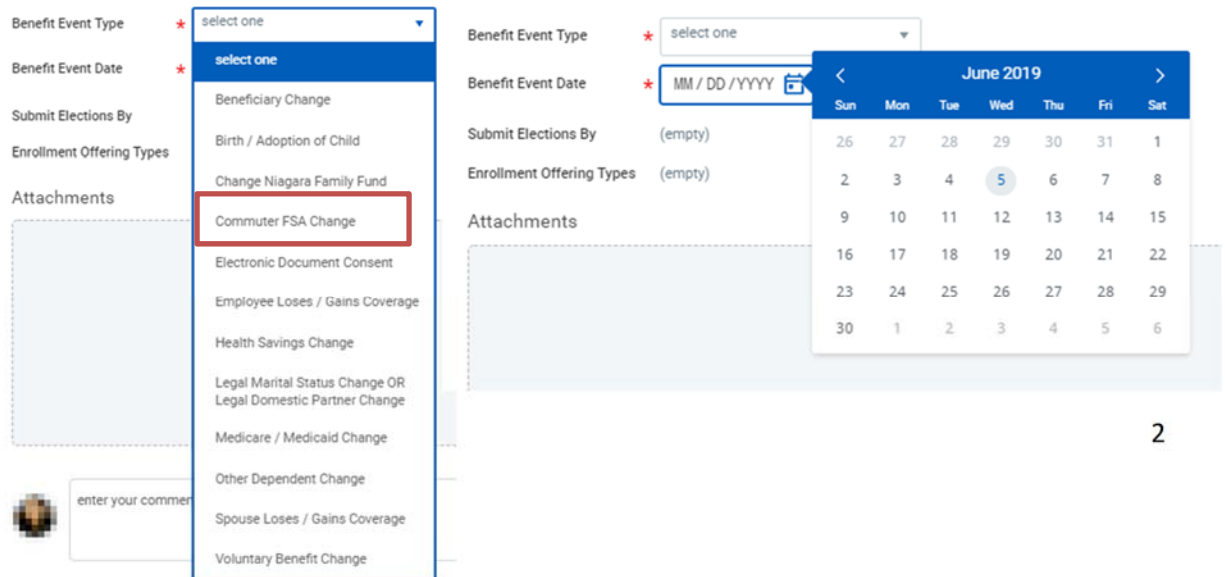


4. Select the Benefit Event Type closest to your qualifying event. When in doubt, email benefits@niagarawater.com

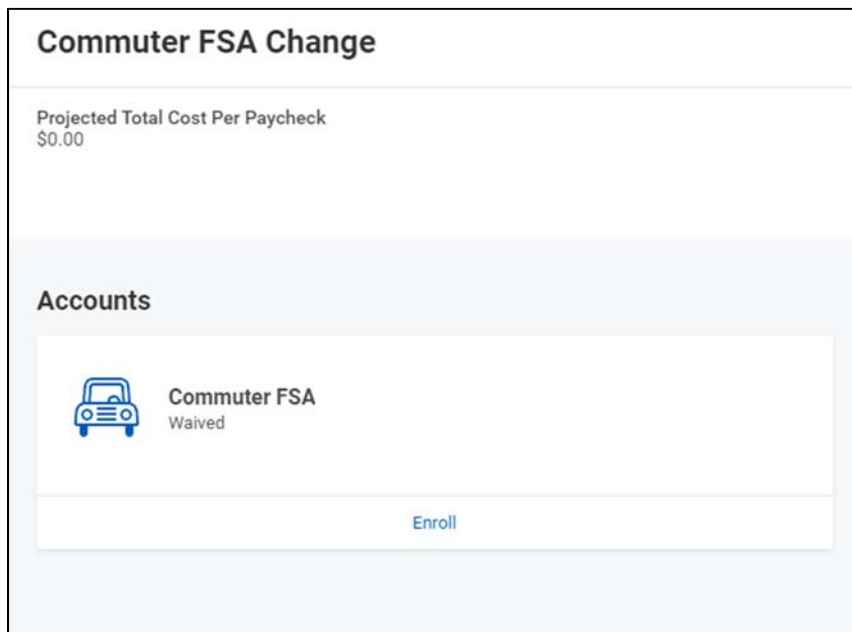
5. **Benefit Event Type: Commuter FSA Change**

6. **Benefit Event Date: [IMPORTANT]**

- Use today's date.
- The change will take effect on the first of the next month. If you enter on 10/14, the change will be effective on 11/1



7. Click Submit
8. Find the event in your INBOX (Go to your picture or cloud in the upper right to find your inbox). Open the enrollment event.
9. From your Inbox, select Open



10. Select Elect (or Waive if you are dropping for next month) the Commuter FSA.
 - a. Key in the amount you want to contribute for the total year (between NOW and 12/31). Please note, Workday will indicate the number of remaining payroll deductions for the year at the top of the Contributions column

Plans Available

Select a plan or Waive to opt out of Commuter FSA.

1 item ☰ ☐ ↗

*Selection	Benefit Plan	You Contribute (Semi-monthly)	Company Contribution (Semi-monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Discovery		

Contribute

Per Paycheck Annual

Remaining Paychecks 4

Minimum Annual Amount: \$100.00

Maximum Annual Amount: \$3,120.00

Summary

Total Annual Contribution \$0.00

11. **Save** and click **Review and Sign**. Make sure to scroll down to the bottom and click “I Accept” before hitting the “Submit” button.

Electronic Signature

Legal Notice: Please Read

Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying that:

- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings the amount of your premiums or other contributions (if any) for the benefit options elected above.
- You understand and acknowledge that under the Internal Revenue Code regulations rules, **you may not change your benefit elections during the calendar year unless you experience a qualified change in status.**
- **Qualifying Event Rule Change** In July 2020, the US Department of Labor, Employee Benefits Security Administration (EBSA) lifted the 30 day reporting requirement for Qualifying Life Events (QLEs). The EBSA notice allows for team members to report retroactive changes in coverage on or after 3/1/2020 up to 90 days after the end of the National Emergency. Anyone experiencing a Qualifying Life Event (QLE) on or after 3/1/2020 with proof of change in coverage for themselves (the team member) or an eligible dependent may retroactively start coverage. Coverage is always effective on the first day of lost coverage. Team Members are responsible for any missed premium from the effective date of the QLE through the current payroll period. **All retroactive premiums are collected in one lump sum within 1-2 payroll periods of approval. This could result in one or more 50 paychecks.**
- You understand that you will not pay income tax or FICA tax on medical, dental, vision, and Flexible Spending Account contributions. These benefits are paid through the Flexible Benefits Plan on a pre-tax basis.
- Company-provided life insurance that exceeds \$50,000 may be subject to imputed income.
- Each year, during the Open Enrollment period, you will have the option to change certain coverage, whether or not you have had a qualified change in status event during the calendar year.
- If you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided you request enrollment within **30 days** after your other coverage ends. In addition, if you have a new spouse or dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself, your spouse and your dependents, provided you request enrollment within **30 days** after the marriage, birth or adoption.
- You understand and you attest that your Life and or Disability coverage has not previously been denied while employed at Niagara. Failure to notify your insurance provider of previous denial will be subject to termination of coverage.
- In accordance with HIPAA, you understand that if you enroll in a PPO plan, Niagara may disclose information to third parties in connection with plan administration, through executed enrollment forms, or in another manner which satisfies applicable law.
- You understand if you enroll in a Niagara medical plan, covered Team Members and covered spouses/domestic partners will be asked to voluntarily participate in the Hydrate Your Health Wellness program. **Failure to complete wellness activities by stated deadlines will result in additional payroll contributions** through the Wellness Surcharge, beginning in May.

I Accept 