- To submit a request sign in to your Member Portal. If you are a State of Kansas employee or employed by a Non-State Employer <u>sign in here</u>. If you are employed at ESU, KSU, KU, KUMC or PSU <u>sign in here</u>.
- 2. Click on the Mid-Year Benefits Changes tab.
- **3.** Click on the blue Start a New Request button.

| Account Overview  |       |                      |       |           |           |                 |         |  |
|---|-------|----------------------|-------|-----------|-----------|-----------------|---------|--|
| Member & Family Benefits Mid-Year Benefit Cha   | anges | Enrollments & Events | Forms | Billing   | Documents | Payment History |         |  |
|   |       |                      |       |           |           |                 |         |  |
| Mid-Year Benefit Changes<br>Change Requests   |       |                      |       |           |           |                 |         |  |
| The table to the right contains a list of all your<br>currently active change requests. These requests<br>may have been submitted by you, or may have<br>been submitted on your behalf by your Human<br>Resources department. |       | juest Type           | Req   | uest Date |           | Status          | Actions |  |
|   |       | No Active Requests   |       |           |           |                 |         |  |
|   |       | t a New Request      |       |           |           |                 |         |  |
| You may view, cancel and create Mid-Year change<br>requests at any time, simply click 'Start a New<br>Request' and select the appropriate options.  |       |                      |       |           |           |                 |         |  |

- **4.** Choose FSA Dependent Care Mid-Year Change, review the User Agreement and Attestion and click the blue Continue button.
- 5. Click on the Change Reason If none of the reasons apply, choose Change in Dependent Care Cost. Enter the future date for the change, the annual contribution amount and the per paycheck contribution amount (per month contribution for non-state employees). Additional comments can be added in the Request Note box. Then click on the green Submit Request button.

| FSA (Dependent Care) Mid-Year Change  |   |  |  |  |  |
|---------------------------------------|---|--|--|--|--|
| Change Reason                         | <ul> <li>Child or Adult Dependent Starting Daycare</li> <li>Dependent No longer Attending Daycare</li> <li>Change in Dependent Care Cost</li> <li>Spouse Loss of Employment</li> <li>Spouse Gain of Employment</li> <li>Dependent Age Off 14</li> </ul> |  |  |  |  |
|                                       | <ul> <li>Death of Spouse</li> <li>Death of Dependent</li> </ul>   |  |  |  |  |
| Date of Event                         |   |  |  |  |  |
| Employee Annual Contribution          | \$ 0.00   |  |  |  |  |
| Employee Per Paycheck<br>Contribution | \$ 0.00   |  |  |  |  |
| Request Note                          | Additional information  |  |  |  |  |
|                                       | Submit Request  |  |  |  |  |