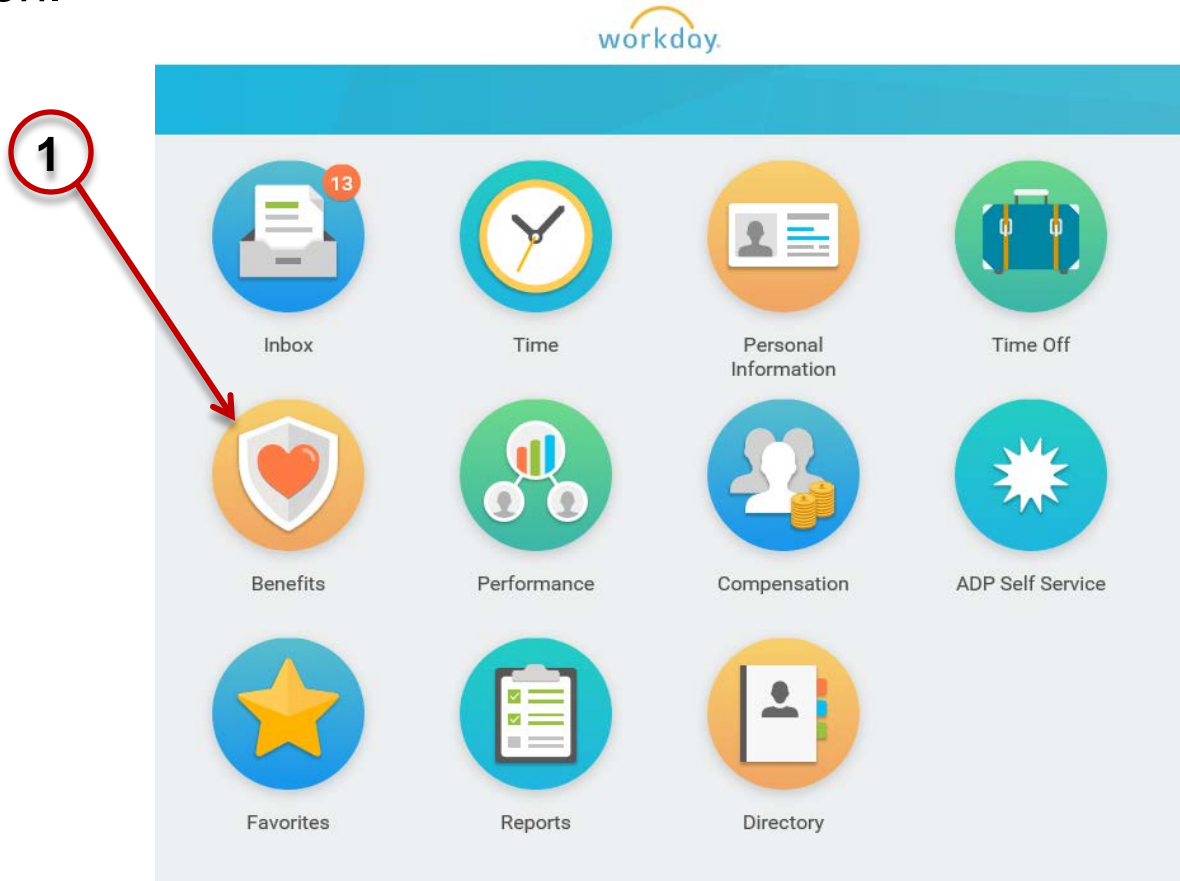


UPDATING YOUR DCAP FSA- SELF SERVICE

How to update your DCAP FSA in WorkDay

- Log into WorkDay; in the home screen, click on the “Benefits” icon.



- Click on the 'Benefits' option in the Change Menu



STEP 3

1. Select the “Update- FSA DCAP” option from the list of Benefit Event Types

2. Enter the date of the event (today’s date)

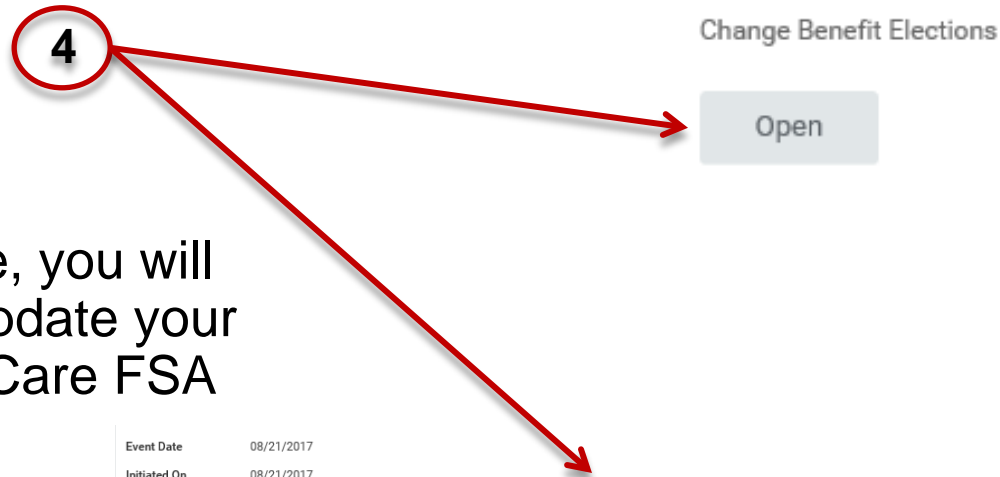
3. Click on “Submit” at the bottom of the page

The screenshot shows a form with the following fields and options:

- Benefit Event Type ***: A list of radio button options: Beneficiary Update, Birth/Adoption, Dependent Addition (not Birth or Adoption), Dependent Drop, and Update - FSA DCAP. A red circle with the number '1' and an arrow points to the 'Update - FSA DCAP' option, which is selected.
- Benefit Event Date ***: A date input field containing '08 / 01 / 2017' with a calendar icon. A red circle with the number '2' and an arrow points to this field.
- Submit Elections By**: A text field containing '08/30/2017'.
- Enrollment Offering Types**: A list of options: US Medical and US Dental/Vision.

The screenshot shows the bottom of the form with three buttons: a green 'Submit' button, a white 'Save for Later' button, and a white 'Cancel' button. A red circle with the number '3' and an arrow points to the 'Submit' button.

- In the next screen, click on the “Open” option



- On this page, you will be able to update your Dependent Care FSA elections

Event Date 08/21/2017
Initiated On 08/21/2017
Submit Elections By 09/19/2017

Spending Account Elections 1 item

Benefit Plan	*Elect / Waive	Contributions
Dependent Care FSA - Aetna	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year 4 Your estimated contributions made this year 0.00 How much do you want to contribute for the total year? 0.00 How much do you want to contribute per paycheck (Monthly)? 0.00

- Under 'Elect/Waive' click on the option you wish to select.

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Spending Account Elections 1 item

	Benefit Plan	*Elect / Waive	Contributions
	Dependent Care FSA - Aetna	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Your number of remaining payroll deductions for the year 4 Your estimated contributions made this year 0.00 How much do you want to contribute for the total year? <input type="text" value="0.00"/> How much do you want to contribute per paycheck (Monthly)? <input type="text" value="0.00"/>

STEP 6

1. Elect the amount you would like to contribute for the year by entering it as shown below, keep in mind that the maximum yearly amount is \$5,000.


Contributions

Your number of remaining payroll deductions for the year
4

Your estimated contributions made this year
0.00

How much do you want to contribute for the total year?

How much do you want to contribute per paycheck (Monthly)?




2. The monthly paycheck contribution will be automatically filled out once you enter the yearly amount

Your number of remaining payroll deductions for the year
4

Your estimated contributions made this year
0.00

How much do you want to contribute for the total year?

How much do you want to contribute per paycheck (Monthly)?



STEP 7

1. Once you've made your elections, click on continue at the bottom of the page.



Spending Account Elections 1 item

	Benefit Plan	*Elect / Waive	
	Dependent Care FSA - Aetna	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Your number of remainin 4 Your estimated contribur 0.00 How much do you want t 5,000.00 How much do you want t 1,250.00

<

[Continue](#) [Save for Later](#) [Go Back](#) [Cancel](#)

- Scroll down the next screen and electronically sign off on the changes you've made

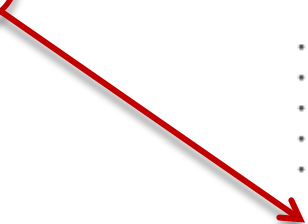
Electronic Signature

Legal Notice: Please Read

By signing into to this site with your user name and password, making,

- You are signing this election form electronically, with the same
- You acknowledge that the Firm periodically adjusts what it char
- You authorize the Firm to deduct from your earnings what the F
- You acknowledge that the charges for benefits shown on this fc
- those amounts, such other amounts as you may elect from time
- You also authorize the Firm to deduct from your earnings the ar
- You acknowledge that some of your benefits may be taxable, e.
- You acknowledge that you may not change your benefit electior
- You confirm that the information in this form is correct.
- You certify that you understand and approve the elections you l

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I Agree

- Click on the “Submit” icon at the bottom of the page, then click on “Done” in the next screen

