Illinois Institute of Technology

FSA Enrollment Guide
Your ID Code is the last four digits of your SSN
Once you have accepted the user agreement, the "Next" arrow above will turn blue and you will be able to click it to proceed.
Enter / Verify Contact Info

Be sure to update your address here whenever it changes and separately notify all others who need to be aware of your new mailing address.

Email: lcorrado@iit.edu
Confirm Email: lcorrado@iit.edu
Mailing Address: 10 W 35th Street
City: Chicago
State: IL
Zip: 60616

Once you have entered your work zip code and daytime phone number, the "Next" arrow will turn blue and you can click it and proceed.
To receive reimbursement via direct deposit, enter your bank information here.

Commuter, Health Care and Dependent Care: You can have your payments deposited into your personal bank account. If you do not elect direct deposit, payments will be made by check to the address in your Profile.

Reimburse Payments by

- Direct Deposit
- Check

Bank Name

Bank Account Number

Bank Routing Number

Type of Account

- Checking
- Savings

Scroll down to see how to locate these numbers.
Once you click the "save changes" box the "Next" arrow will turn blue and you can click it and proceed.
Register for Online Access  January 13, 2014

Select Username & Password

We recommend periodic password changes for account security.

Username

Password

Confirm Password

Your username must:
• Be at least 5 characters long
• May contain any combination of letters and numbers (but no other characters)

Your password must:
• Be between 8 and 20 characters
• Include at least one letter and one number
• Not include your last, first or username
Click Here to Enroll
Select Health Care and/or Dependent Care Annual Amounts & Total Pay Periods in the Plan Year

### Health Care FSA 2013

- **Plan Year**: 1/1/2013 to 12/31/2013
- **Claim By**: 5/31/2014
- **Maximum Election**: $2,500.00
- **You Can Save**: $1,000.00

<table>
<thead>
<tr>
<th>Election Amount</th>
<th>Your Tax Savings</th>
<th># of Pay Periods</th>
<th>Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,500.00</td>
<td>$1,000.00</td>
<td>26</td>
<td>$96.15</td>
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</tbody>
</table>

### Dependent Care FSA 2013

- **Plan Year**: 1/1/2013 to 12/31/2013
- **Claim By**: 5/31/2014
- **Maximum Election**: $5,000.00
- **You Can Save**: $2,000.00

<table>
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<th># of Pay Periods</th>
<th>Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000.00</td>
<td>$2,000.00</td>
<td>26</td>
<td>$192.31</td>
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</tbody>
</table>

**Enroll**

**Discard and Start Over**