

Liberty Union High School District FSA Open-Enrollment

[Complete your FSA Enrollment online by October 15, 2021.](#)

Quick Reference

- Plan Limits:
 - Health Spending Plan \$2,750.00 (annual)
 - Dependent Care Plan \$5,000.00 (annual)
 - Parking Plan \$270.00 (per month)
 - Mass Transit Plan \$270.00 (per month)

SASI Contact Information

Phone # 1-800-752-3539

Fax # 414-225-4599

E-mail: sasi@sasiplans.com

Web-site: www.sasiplans.com

Mobile App: SASIontheGO

Chrissy Nelson - chrissyn@sasiplans.com

Primary Account Representative

Brian Konkel - briank@sasiplans.com

Web-site, Debit Card and Claim Questions

Christene Metz-Manning – christene@sasiplans.com

Web-site, Debit Card and Claim Questions

SASI Enrollment Instructions

www.sasiplans.com

Click on "Participants" which is located on the right side of the page.



Flexible Spending Accounts (FSA)



Why SASI?

SASI is a third-party administrator (TPA) that specializes in HRAs (Health Reimbursement Arrangements), FSAs (Flexible Spending Accounts), HSAs (Health Savings Accounts), POP (Premium Only Plans), Enrollment & Eligibility, Defined Contribution, COBRA Administration, and Transportation Plans. We are also experts in the administration of 401K plans.

At SASI, we have a strong commitment to the administration of plans that we service. It has been our strategy to not sell Product of any kind.

SASI caters its service to clients of all sizes. We would welcome the opportunity to discuss your needs and supply additional information about what we offer.

Quick Links

[Click Here to Access the SASI Secure Online Participant Portal](#)

[Click Here to Shop FSA - Buy FSA-eligible products online](#)

Connect With Us

Corporate Address

1720 West Florist Avenue
Suite 250
Glendale, WI 53209

Phone And Fax

Phone: 800.752.3539
Local: 414.224.9099
Fax: 414.225.4599

E-Mail

sasi@sasiplans.com

Please call Brian Konkel @ SASI
with any questions at 1-800-752-3539.

Click on "Participant"

SASI
Better Benefit Solutions

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Flexible Spending Accounts (FSA)

Click on "Access the Participant Portal"

SASI
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Participants

SASI offers 24/7/365 online access to customer accounts

[Access the Participant Portal](#)

Shop FSA - Buy FSA Eligible Items Online

[FSA Resources](#)

HSA Tools - To Better Understand and Manage Your HSA

[HSA Resources](#)

List of FSA and HSA Eligible Expenses

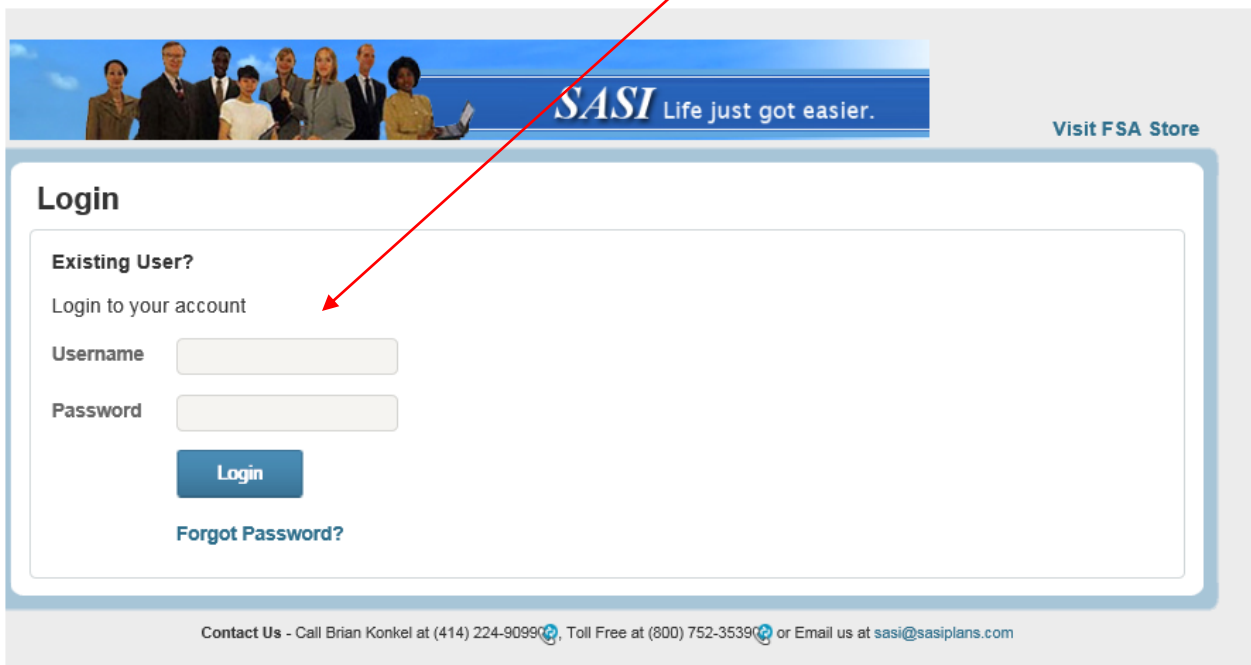
[FSA/HSA Eligibility List](#)

Log in to the Consumer Portal to enroll. If you forgot your password, click “forgot password” to reset your account.

If you have never logged into our web-site please log in by using your temporary username and password below (first intital of your first name, last name and last 4 of your SSN#):

Example: Mike Brown – SSN # xxx-xx-1234.

Username & Password would be: mbrown1234 (must be lowercase)



Existing User?
Login to your account

Username

Password

[Login](#)

[Forgot Password?](#)

Contact Us - Call Brian Konkel at (414) 224-9099 or Toll Free at (800) 752-3539 or Email us at sasi@sasiplans.com

IF YOU NEED ASSISTANCE LOGGING INTO YOUR ACCOUNT OR CREATING AN ACCOUNT, PLEASE CALL 1-800-752-3539.

You may enroll online for your benefits during the open enrollment period. Please refer to the steps below for additional information on online enrollment.

Log in to the Consumer Portal to begin online enrollment:

Enter your User ID and Password provided in your open enrollment letter. The system will automatically ask for a new password and a security question answer.

Change Username and Password

Please change your login information

Username:* tconsumer

New Password:*

Confirm Password:*

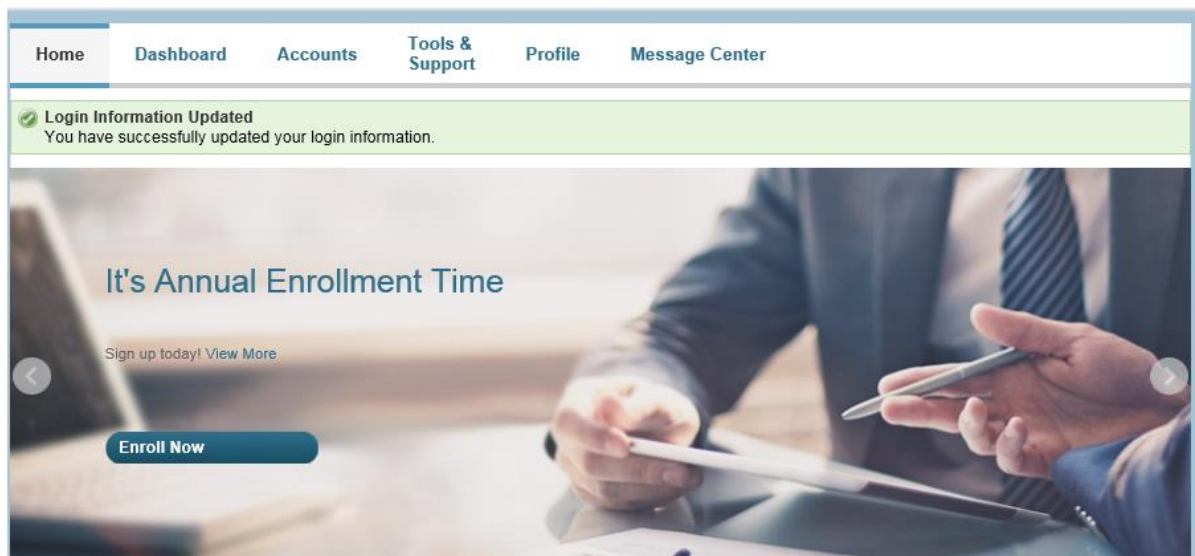
Security Question:*

Answer:*

Email:

By providing an email address, you will receive communications from Heidi Administrator electronically about your benefits in lieu of paper documents. Your email address will not be shared or used for any other purpose.

Click “Enroll Now”



Read the Plan Descriptions by clicking the Plan Description link and click “Begin Your Enrollment Now”.

Enrollment

Are you ready to enroll?

[Begin Your Enrollment Now](#)

Enrolling in a Pre-Tax Benefit plan allows you to save Federal, State, Social Security and Medicare taxes on dollars you put into the plan. You could save approximately 30% on every plan dollar you spend, depending on your tax bracket.

Review your available plans to find out how to best use these programs. To learn more about the benefits offered, click on the appropriate Plan Description link below.

Health Spending Account

[Plan Description](#)

The Health Care Plan covers deductibles, co-payments, transportation for medical purposes, prescription drugs, over the counter products and other non-covered medical, dental, and vision expenses. The full amount of the Health Care elections must be available to you at any time during the FSA plan year, regardless of the amount you have contributed as of the claim date. Upon termination, you can elect to remain as a participant in the FSA for the remainder of the plan year providing you continue to make your monthly contribution to the plan (with after-tax dollars). You have an additional 2 ½ months to incur expenses after the end of the plan year. You then have 60 days in which to file/submit your claims to SASI. You do not have to be covered by your employer’s medical insurance plan to participate in the health care plan.

Dependent Care Spending Account

[Plan Description](#)

The Dependent Care Plan covers care for children under the age of 13, as well as care for the elderly, disabled, or handicapped. Your plan year election for the Dependent Care Account, by law, cannot exceed more than \$5,000 of eligible expenses per plan year. You determine how much of your pre-tax earnings will go into the plan. (Married/joint tax-return employees can deposit up to \$5,000 in the Dependent Care Plan; this ceiling drops to \$2,500 if the participant is married and filing separate returns). If you are using the Child Care Credit on your individual tax return, the total amount you claim for the Child Care Credit and the Dependent Care Plan cannot exceed \$6,000. If your dependent care account has insufficient funds to cover a dependent claim, the system will pay up to the current account balance and hold the remainder of the claim for payment at the next deposit.

Enter the Participant Profile information. Entering an email address allows you to receive notifications regarding claims submission, claims reimbursement and other important information.

Participant Profile

steps: **1** 2 3 4 5 6

First Name: *	<input type="text" value="John"/>
Middle Initial:	<input type="text"/>
Last Name: *	<input type="text" value="Doe"/>
Social Security Number:	xxx-xx-8742
Consumer Communication ID:	<input type="text" value="0001632096"/>
Country:*	<input type="text" value="United States"/>
Address Line 1: *	<input type="text"/>
Address Line 2:	<input type="text"/>
City: *	<input type="text"/>
State: *	<input type="text" value="Wisconsin"/>
Zip Code: *	<input type="text"/>
Home Phone: *	<input type="text" value="()"/>
Birth Date: *	<input type="text" value="1/1/1960"/>
<i>(mm/dd/yyyy)</i>	
Gender: *	<input type="radio"/> Female <input checked="" type="radio"/> Male
Marital Status: *	<input type="radio"/> Married <input checked="" type="radio"/> Single
Email Address: *	<input type="text"/>

By providing an email address, you will receive communications electronically about your benefits in lieu of paper documents. Your email address will not be shared or used for any other purpose.

Do you have any dependents? Yes No

Enter Dependent information and click Add to List. The added dependent appears under the Eligible Dependents list. Once all dependents are added, click “Continue”.

Last Login: 11/29/2017 10:11 AM | Logout

Dependents

steps: **1** 2 3 4 5 6

First Name: *

Middle Initial:

Last Name: *

Social Security Number:

Birth Date: * (mm/dd/yyyy)

Gender: * Female Male

Full Time Student: * Yes No

Relationship: ▼

* = required field

Eligible Dependents

Name	SSN	Relationship
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Read the Plan Rules for the plans you are enrolling in, check the boxes “I have read and understand the Plan rules” and click Continue. The system will not allow you to move past this page, until the boxes have been checked.

Plan Rules

steps: 1 2 3 4 5 6

It is important to be aware of some of the basic rules of these accounts before you enroll. Make sure you keep these in mind when you are making your elections. We also encourage you to review the Summary Plan Description for more detailed rules regarding these Pre-tax Accounts.

Health Spending Account

I have read and understand the [Health Spending Account rules.](#)

Dependent Care Spending Account

I have read and understand the [Dependent Care Spending Account rules.](#)

Premium Variable Account

I have read and understand the [Premium Variable Account rules.](#)

Continue

Enter Your Election amount for the appropriate plans and click Calculate. The system will automatically calculate your payroll deductions based on your payroll periods. Click “Continue”.

Elections

steps:

1

2

3

4

5

6

Enter your actual elections in the field provided. To calculate the total elections, tax savings, and estimated per pay period deduction select the calculate button. If you choose to not enroll in a plan leave the field blank.

	Your Election	Max Employee Election
Health Spending Account ?	<input type="text" value="2750.00"/>	\$2,750.00
Dependent Care Spending Account ?	<input type="text" value="5000.00"/>	\$5,000.00
Premium Variable Account ?	<input type="text" value="0"/>	\$0.00
<hr/>		
Total election for the year:	\$7,750.00	
<hr/>		
Total tax savings for the year *:	\$2,325.00	<input type="button" value="Calculate"/>
Estimated per pay period deduction:	\$322.91	

* Tax savings estimate is based on a 30% tax rate. True tax savings will be based on your individual circumstances.

Payment method – Select your preferred payment method. Please make sure to update your bank information to ensure your reimbursements are deposited into the correct bank account.

If you currently have a Debit Card and /or would like to get one this year make sure to click “Debit Card



Payment Method

steps: 1 2 3 4 5 6


Select the method in which you would like to be reimbursed.

Check
Reimbursement checks will be sent to your home via U.S. Mail 7-10 business days after the request. .

Direct Deposit
- Reimbursement amounts will be deposited to your designated bank account within 7-10 business days after the request. You must provide a form and verification of your account number (e.g. voided check) for direct deposit services.

Bank: Landmark Credit Union
Account Number: xxxx2755
Routing Number: 275079714
Type: Checking

Debit Card
The Debit Card may be used toward qualified purchases at point of sale. Certain purchases may be automatically approved, but many may require substantiation to ensure the expense is qualified per IRS regulations.



If you choose to be reimbursed using the Debit Card, please answer the questions below.

1) What alternate reimbursement method would you like to use for the reimbursement of claims that are filed online?

Check
 Direct Deposit

2) Are any of your dependents using, or would like to use separate debit cards?

Yes
 No

Enter your Routing Number and click Find Your Bank.

Setup Direct Deposit

steps: 1 2 3 4 5 6

Routing Number:* 291880589 Find Your Bank

Joan E. Hancock
75012 Colson Avenue
Louisville, Kentucky 40225

Any Bank USA
Anywhere, USA

routing and transit # checking account # check #

* = required

Skip Online Direct Deposit

Your bank information will populate, or you will have the option to fill in your bank account information. Click Change Your Bank if you need to update the routing number.

Account Nickname is: SASI

All fields are required fields so you will need to know your bank address, city state and zip. If you do not know your bank address please put in your home address.

Setup Direct Deposit

steps: 1 2 3 4 5 6

Routing Number:* 291880589 Change Your Bank

Account Number:* 456100

Account Type:* Checking

Account Nickname:* My Checking

Bank Name:* WESTCONSIN CREDIT UNION

Street Address:* PO BOX 160

City:* MENOMONIE

State:* Wisconsin

Zip Code:* 54751-0000

Joan E. Hancock
75012 Colson Avenue
Louisville, Kentucky 40225

Any Bank USA
Anywhere, USA

routing and transit # checking account # check #

* = required

Continue

Review and verify enrollment information. To update information, click Edit Information next to the appropriate area. Once verified, click Submit to "complete enrollment".

Enrollment Verification

steps: 1 2 3 4 5 6

You must click submit at the bottom of this page to complete your enrollment.

Profile Edit Information

Name: Test Consumer

Social Security Number:

Address: 500 Any St
Tomah, WI 54015 United States

Home Phone: (715) 555-5555

Birth Date: 6/6/1960

Gender: Male

Marital Status: Married

Email Address: noemail@noemail.com

Do you have any dependents? Yes

Are you enrolled in your company's medical insurance plan? Yes

Are you enrolled in your company's dental insurance plan? Yes

Are you enrolled in your company's vision insurance plan? Yes

Dependents Edit Information

Full Name	SSN	Birth Date	Gender	Full Time Student	Relationship
Spouse Consumer		7/10/1963	Female	No	Spouse

Enrollment Elections Edit Information

	Employee Contribution
Flex Spending Account	\$2,000.00
HRA	\$650.00
<p style="text-align: right;">Total Election for the year: \$2,000.00</p> <p style="text-align: right;">Estimated per pay period reduction:* \$38.46</p>	

* Begins on the first pay date of the Plan Year.

Method of Reimbursement Edit Information

You have chosen **Lighthouse 1 Benefits Card** as your method of payment.

Your alternate reimbursement method is Direct Deposit.

Separate debit cards will be issued to the following dependents:

- Spouse Consumer

Submit Cancel

The Enrollment Confirmation displays. Click Next Steps to view the Next Steps documents and also click Print to print the Enrollment Confirmation for your records.

Enrollment Confirmation

Please print this page for your records.

Congratulations, you have successfully enrolled in the following Pre-tax Benefit Plans.

Plan	Company Contribution	Employee Contribution	Estimated Per Paycheck Reduction
Health Spending Account		\$2,700.00	\$112.50
Dependent Care Spending Account		\$5,000.00	\$208.33
Premium Variable Account		\$0.00	\$0.00
		Total Estimated Reductions Per Paycheck :*	\$320.83

* Pay check reductions are based on your election and the number of scheduled pay periods within the plan year. True reductions will be determined by your employer.

You have elected Debit Card as your reimbursement option. Your alternate reimbursement method is Direct Deposit.

The payroll deduction to fund your spending accounts will begin on 1/5/2020 and end on your last paycheck of the plan year. You may begin filing claims for eligible expenses on 1/1/2020. All claims must be filed for expenses incurred while you are a participant, within the plan year 1/1/2020 - 12/31/2020

Print

Congratulations! You have now successfully completed your benefits enrollment! Once your enrollment is completed, you can update your enrollment at any time during the open enrollment period from the home page, by clicking “Update”.

If you have questions please contact: Brian Konkel at 800-752-3539.

SASI

1720 W. Florist Ave, Ste 250

Glendale, WI 53209

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