

How To Change FSA Bank Information in IowaBenefits

1. Log into IowaBenefits at <https://bfi.secure-enroll.com/go/bfi>
2. Click on *Health FSA* or *Dependent Care FSA*, whichever applies. If you have both, click on *Health FSA*. If flex doesn't show, click on *Additional Benefits*.

Benefits Snapshot

 **Medical**
2018 Iowa Choice | Employee and Family | Effective as of 01/01/2018

 **Dental**
2018 Delta Dental | Employee and Family | Effective as of 01/01/2018

 **Health FSA**
2018 Health FSA | Effective as of 01/01/2018

 **Dependent Care FSA**
Coverage Declined

3. Scroll down to the FSA section and click on *Show Plan Details*.

 **Your Health FSA coverage**
2018 Health FSA

Contribution Amount:

Offered By:	ASI
Effective Date:	01/01/2018
Persons Covered:	

[Edit contribution](#) [Edit coverage](#) [Show Plan Details](#) 

4. Click on *Edit* next to Direct Deposit.

Additional Coverage Details

Direct Deposit [Edit](#) 

5. If you wish to remove direct deposit, click *No* and then *Next*. If you wish to add or change direct deposit information, click on *Yes* and then *Next*.

Health FSA

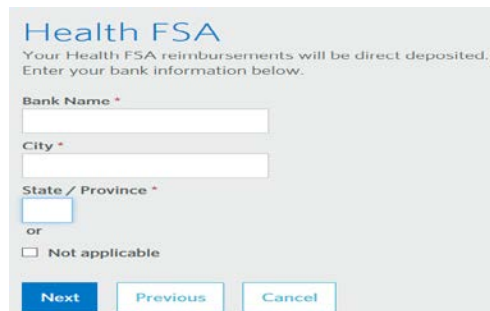
Would you like to enter direct deposit information?

☐ Yes

☐ No

[Next](#) [Previous](#) [Cancel](#)

6. Add or change your bank name, city and state and click *Next*.



Health FSA

Your Health FSA reimbursements will be direct deposited.
Enter your bank information below.

Bank Name *

City *

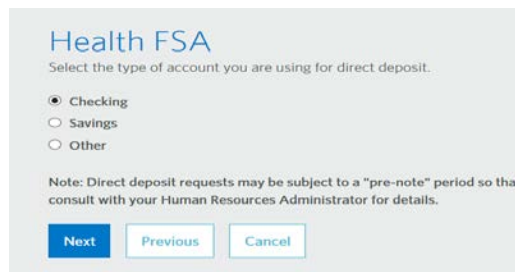
State / Province *

or

☐ Not applicable

Next Previous Cancel

7. Click *Checking, Savings, or Other* and then *Next*.



Health FSA

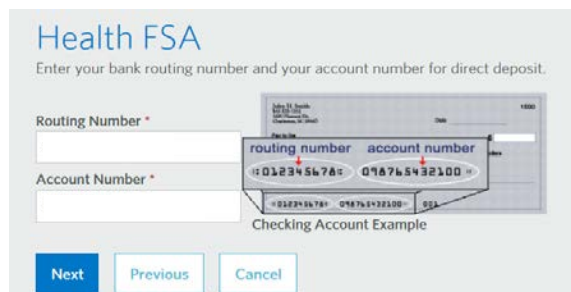
Select the type of account you are using for direct deposit.

☒ Checking
☐ Savings
☐ Other

Note: Direct deposit requests may be subject to a "pre-note" period so that you consult with your Human Resources Administrator for details.

Next Previous Cancel

8. Add your bank's routing number and your account number, then click *Next*.



Health FSA

Enter your bank routing number and your account number for direct deposit.

Routing Number *

Account Number *

routing number account number
0123456789 098765432100
Checking Account Example

Next Previous Cancel

9. If you have both plans, click on *Show Plan Details* and repeat these steps for the second plan.



 Your Dependent Care FSA coverage
2018 Dependent Care FSA (DCAP)

Contribution Amount:

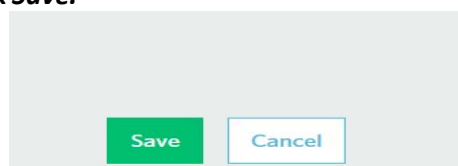
Offered By: ASI
Effective Date: 01/01/2018
Persons Covered:

Additional Coverage Details

Direct Deposit [Edit](#)

[Edit contribution](#) [Edit coverage](#) [Show Plan Details](#) 

10. Click *Save*.



Save Cancel