

1. 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 sign in here: <https://sehp.member.hrissuite.com/> If you are employed at ESU, KSU, KU, KUMC or PSU sign in here: [https://sso.cobraguard.net/seer\\_login.php](https://sso.cobraguard.net/seer_login.php)

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 Changes** | Enrollments & Events | Forms | Billing | Documents | Payment History

### Mid-Year Benefit Changes

Change Requests

Request Type	Request Date	Status	Actions
No Active Requests			

[Start a New Request](#)

The table to the right contains a list of all your currently active change requests. These requests may have been submitted by you, or may have been submitted on your behalf by your Human Resources department.

You may view, cancel and create Mid-Year change requests at any time, simply click 'Start a New Request' and select the appropriate options.

4. Choose the appropriate FSA Mid-Year Change (health care or dependent care), review the User Agreement and Attestation and click the blue Continue button.

5. **For Dependent Care FSAs**, click on the Change Reason. Enter the 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**

- Child or Adult Dependent Starting Daycare
- Dependent No longer Attending Daycare
- Change in Dependent Care Cost
- Spouse Loss of Employment
- Spouse Gain of Employment
- Dependent Age Off 14
- Death of Spouse
- Death of Dependent

**Date of Event**

**Employee Annual Contribution** \$

**Employee Per Paycheck Contribution** \$

**Request Note**

[Submit Request](#)

6. **For Limited Health or Health Care FSAs**, click on the last Change Reason, Ineligible Dependent (there is no reason currently in the system for COVID). Enter the 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 (Health Care / Limited Scope) Mid-Year Change

**Change Reason**

- Newly Eligible Dependent - Newborn
- Newly Eligible Dependent - Adoption
- Newly Eligible Dependent - Marriage
- Divorce
- Death of Spouse
- Death of Dependent
- Dependent Gained Other Employment or Coverage
- Dependent Lost Other Employment or Coverage
- Ineligible Dependent

**Date of Event**

**Employee Annual Contribution** \$

**Employee Per Paycheck Contribution** \$

**Request Note**

[Submit Request](#)