



## RCUHFlexible Spending Account (FSA): Enrollment/Change Form(B5F-Reg)

(for Regular, Relief, and Non-Regular benefits-eligible status employees 50% FTE or greater for Plan Year: July 1, 2026 – June 30, 2027)

**Upload form and supporting documentation to RCUH Employee Self-Service via Upload link.**

### SECTION 1: FSA Healthcare and FSA Dependent Care (Plan Year 07/01/2026 - 06/30/2027)

- A. Qualifying Event: Please describe reason for change. Form must be received within 30 days of qualifying event and consistent with qualifying event: (refer to [RCUH Policy 3.530](#) for qualified family status change events)

\_\_\_\_\_

- B. Requested Effective Date: \_\_\_\_\_ RCUH HR reserves the right to adjust effective date.

- C. Change Requested:

#### **FSA Healthcare (MEDEXP)** [RCUH Policy 3.530](#)

Maximum Annual Contribution (Tax Year 2026): \$3,400.00

Enroll/Change

Deduction Amount: \_\_\_\_\_ per pay period  
Maximum Deduction per pay period: **\$141.66**

#### **FSA Dependent Care (DEPEXP)** [RCUH Policy 3.530](#)

Maximum Annual Contribution (Tax Year 2026): \$7,500 individual, \$3,750 married filing separately

Enroll/Change

Deduction Amount: \_\_\_\_\_ per pay period  
Maximum Deduction per pay period: **\$312.50**

### SECTION 2: Pretax Transportation – PARKING and TRANSIT/BUS PASS [RCUH Policy 3.530a](#)

- A. Choose Pretax Transportation Benefit:

Parking

Transit/Bus Pass (enrollment must be received 1 month in advance)

- B. Requested Effective Date: \_\_\_\_\_ RCUH HR reserves the right to adjust effective date.

- C. Change Requested:

Enroll/Change

Deduction Amount: \_\_\_\_\_ per month  
Maximum Deduction per month: \$340, Max Annual Contribution (2026): \$4,080.00

**CANCEL Enrollment:** Please note if you have unreimbursed funds in your account, you may wish to reduce your contributions rather than cancel your plan.

### SECTION 3: Employee Certification

While a signature (manual or electronic) is preferred, if form is submitted via Employee Self Service eUpload feature, the electronic submittal may serve as employee approval and certification of this form's content.

*I acknowledge that my plan year pledge is irrevocable unless I experience a qualifying life event. I have reviewed and understand the options available to me for my Employer's Flexible Spending Plan pursuant to the following: (1) RCUH Policy 3.530 Flexible Spending Plan (2) Internal Revenue Service Code 125 for Pre-Tax Flexible Spending Accounts and/or (3) Internal Revenue Service Code 132 for Pre-Tax Transportation Accounts. I understand that it is my obligation to determine whether contributions made under this Plan are excludable from my gross income. If any reimbursements or contributions are determined not excludable from income under the Internal Revenue Code, I will indemnify my Employer for any tax that may be due.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions? Contact RCUH Employee Benefits: (808) 956-6979 or (808) 956-2326 or Email: [rcuh\\_benefits@rcuh.com](mailto:rcuh_benefits@rcuh.com)