

# RCUH Flexible Spending Enrollment & Change Form (B-5F) Instructions

**Open Enrollment Deadline: May 15, 2019**

## Section I: PRE-TAX Flexible Spending Plan Election & Compensation Reduction (Healthcare FSA and Dependent Care FSA)

- » If you are interested in enrolling in the Flexible Spending Plan(s) for the 2019-20 plan year, please indicate the type of account(s) you will elect.
- » Once you elect an amount, you will not be able to change until the new plan year (unless there is a qualifying event)
  - If applicable, check Healthcare Expense Reimbursement amount and indicate the amount you would like to deduct per pay period.
  - If applicable, check Dependent Care Expense amount and indicate the amount you would like to deduct per pay period.

## Section II: PRE-TAX Transportation Benefits

- » Employees can make changes/enroll in the Pre-tax Transportation Benefit Plans at any time.
  - Please use the [RCUH Flexible Spending Enrollment/Change Form \(B-5F\) \(Non-Open Enrollment Form\)](#) to enroll, make changes, or cancel your plan.
  - The form must be submitted to RCUH Human Resources at least thirty (30) days prior to the requested effective date.

## Section III: Employee Certification

- » RCUH will only accept WET SIGNATURES for the RCUH Flexible Spending Enrollment & Change Form (B-5F).

## Flexible Spending Account Overview

	Healthcare FSA	Dependent Care FSA	Transit & Parking
Annual Limit (IRS)	\$2,700	\$5,000 or \$2,500 if married and filing separately	\$3,180 (maximum of \$265/month)
Deductions Taken	Semi-monthly	Semi-monthly	Monthly
Reimbursements	NBS debit card or Manual (e.g., email, fax, mail, online, mobile app)	Manual (e.g., email, fax, mail, online, mobile app)	Manual (e.g., email, fax, mail, online, mobile app)
Availability of funds	Total committed for the plan year available on July 1	As contributions are received	As contributions are received
Funds subject to forfeiture at the end of the plan year	Yes. Use or lose.	Yes. Use or lose.	No. Funds roll over to the next plan year.
Mid-year changes to contribution amount	Changes only allowed during Open Enrollment or if change is consistent with a Family Status Change event.	Allowed if change is consistent with qualifying event.	Allowed at any time, but must be at least 30 days prior to the requested effective date of change/cancellation.
Do I need to renew my election annually?	Yes. Your elections must be renewed each plan year during Open Enrollment using <a href="#">RCUH Form B-5F</a> .	Yes. Your elections must be renewed each plan year during Open Enrollment using <a href="#">RCUH Form B-5F</a> .	No. Your election will remain the same unless you submit a change on <a href="#">RCUH Form B-5F</a> .



# RCUH Flexible Spending Enrollment & Change Form (B-5F)

## OPEN ENROLLMENT

Employee Name: \_\_\_\_\_

RCUH Employee ID #: \_\_\_\_\_

### SECTION I: PRE-TAX Flexible Spending Account (FSA) Plan Election & Compensation Reduction

**IMPORTANT: PRIOR** to completing this form, read the Election Information Sheet and [RCUH's Flexible Spending Plan information brochure](#), OR refer to Policy [3.530 RCUH Flexible Spending Plan](#). **Select an option and indicate your election(s) below:**

Enrollment(s): Effective date 07/01/2019

**\*Healthcare FSA** \$ \_\_\_\_\_ / Pay Period  
(Maximum contribution = \$112.50 / pay period)

**\*Dependent Care FSA** \$ \_\_\_\_\_ / Pay Period  
(Maximum contribution = \$208.33 / pay period)

*\*For employees who are currently enrolled or wish to enroll in the FSA Benefits, you are required to reapply every plan year (July 1 - June 30) during Open Enrollment. These plans do not rollover into the new plan year.*

**Maximum Annual Contributions:**

Healthcare Expense Reimbursement Account: \$2,700

Dependent Care Expense Account: \$5,000

### SECTION II: PRE-TAX Transportation Benefits

**IMPORTANT: PRIOR** to electing, changing, or canceling this coverage, read RCUH Policy [3.530A Addendum RCUH Flexible Spending Plan](#). These elections can be made at any time throughout the calendar year, but must be submitted to the RCUH HR Department at least **30 days PRIOR** to the requested effective date.

**\*Please use the [RCUH Flexible Spending Enrollment & Change Form \(B-5F\) \(Non-Open Enrollment\)](#) for election/ changes/cancellations of the Pre-tax Transportation Benefit.**

### SECTION III: Employee Certification

- I acknowledge that 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 and will comply accordingly.
- I understand that my Employer makes no guarantee that any benefits I elect under this Plan will be excludable from my gross income for federal or state income tax purposes. I understand that it is my obligation to determine whether or not each payment made under this Plan is excludable from my gross income for federal and state income or Social Security tax and to notify my Employer if I am aware that any particular payment may not be excludable. I agree that if I receive one or more reimbursements under this Plan that are not excludable from income under the Internal Revenue Code, I will indemnify and reimburse my Employer for any tax that may be due on such reimbursement.
- I understand that failure to comply with the above or providing inaccurate information or falsifying the information contained in this form may result in disciplinary action including termination of employment. Legal action may be brought against me and/or my Dependents/Spouse/Domestic Partner/Civil Union Partner for any losses, damages (including, but not limited to, reasonable attorneys' fees and other legal expenses), financial or otherwise, due to false statements provided on this enrollment form or for failure to timely notify RCUH of changed circumstances as required.

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

*RCUH will only accept WET SIGNATURES and will validate the information prior to processing.*

**Deadline to Submit Form: May 15, 2019**

**RCUH is committed to protecting the security of your personal information.  
Please submit via email to: [rcuh\\_benefits@rcuh.com](mailto:rcuh_benefits@rcuh.com) or FAX: 808-956-5022**

RCUH USE ONLY Authorized By:	Coverage start	Input By / Date	Edit By / Date
Flex	07/01/2019		