

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

Instructions **Open Enrollment Deadline: May 14, 2021**

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 Account (FSA) Plan(s) for the 2021-22 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 FSA and indicate the amount you would like to deduct per pay period.
 - If applicable, check Dependent Care (FSA) 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.

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

OPEN ENROLLMENT (Eff. July 1, 2021 – June 30, 2022)

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](#). 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.

Healthcare FSA \$ _____ / Pay Period
(Maximum contribution = \$114.58 / pay period)

Dependent Care FSA \$ _____ / Pay Period

Maximum Annual Contributions (Calendar Year 2021):

Healthcare FSA: \$2,750 Dependent Care FSA: \$10,500

SECTION II: PRE-TAX Transportation Benefits

Please use the [RCUH Flexible Spending Enrollment & Change Form \(B-5F\) \(Non-Open Enrollment\)](#) for election/changes/cancellations of the Pre-tax Transportation Benefit. Visit [Policy 3.530A Addendum RCUH Flexible Spending Plan](#) for more information.

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 TransportationAccounts 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 14, 2021

RCUH is committed to protecting the security of your personal information.

Please submit via **encrypted email to: rcuh_benefits@rcuh.com** or FAX: 808-956-5022

RCUH USE ONLY Authorized By:	Coverage start	Input By / Date	Edit By / Date
Flex	07/01/2021		