



Employee Name (Last,First): _____

RCUH ID: _____

Open Enrollment 2022-2023: RCUH Flexible Spending Account (FSA) Enrollment Form (OE B-5F)

(for Regular, Relief, and Non-Regular benefits-eligible status employees 50% FTE or greater for Plan Year: July 1, 2022 – June 30, 2023)

Upload form to [RCUH Employee Self Service](#) via eUpload by May 17, 2022.

SECTION I: Healthcare Flexible Spending Account (MEDEXP)

Plan Year Begin: 07/01/2022
Plan Year End: 06/30/2023
Change Reason: Open Enrollment

Healthcare FSA
TOTAL Plan Year Pledge
(Pay period Deduction Amount x 24 pay periods)

per plan year

Coverage Election: _____

Deduction Amount: _____ per pay period

Maximum Deduction per pay period: \$118.75
Maximum Annual Contribution (Tax Year 2022): \$2,850

SECTION II: Dependent Care Flexible Spending Account (DEPEXP)

Plan Year Begin: 07/01/2022
Plan Year End: 06/30/2023
Change Reason: Open Enrollment

Dependent Care FSA
TOTAL Plan Year Pledge
(Pay period Deduction Amount x 24 pay periods)

per plan year

Coverage Election: _____

Deduction Amount: _____ per pay period

Maximum Deduction per pay period: \$208.33
Maximum Annual Contribution (Tax Year 2022): \$5,000 individual, \$2,500 married filing separately

SECTION III: Employee Certification

I acknowledge that my plan year pledge is irrevocable unless I experience a 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 and will comply accordingly.

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: Phone: (808) 956-6979 or (808) 956-7055 or Email: rcuh_benefits@rcuh.com

[Link: National Benefits Services Web Portal Log-in Information](#)

[Policy 3.530 RCUH Flexible Spending Plans](#)