

Form Instructions: Please complete ALL entries on this form including full SSN. Please print, sign and date this form, and submit to the secure email address: Benefits.Forms@raldioc.org - or - Fax to 984-900-3168.

Enrollee Personal Information			
First Name:		Last Name:	
		Effective Date: 01/01/2026	
Employer Name:		Employee ID:	
Permanent Address:		City:	State: Zip Code:
Day Time Phone Number:		Email Address:	
Social Security Number: / /		Date of Birth: (Month/Day/Year) / /	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Enrollment Status: <input type="checkbox"/> New enrollment <input type="checkbox"/> Re-enrollment	

Flexible Spending Account (FSA) Elections	
Health Care FSA <input type="checkbox"/> Select Full Coverage FSA <input type="checkbox"/> N/A - Do Not Complete !!! <input type="checkbox"/> Decline Health Care FSA	
2026 Annual Employee Contribution	BLANK SECTION
Dependent Care FSA <input type="checkbox"/> Select Dependent Care FSA <input type="checkbox"/> Decline Dependent Care FSA	
2026 Annual Employee Contribution*	BLANK SECTION

*For calendar year 2026: Health Care FSA pretax contribution limit is \$3,400. Dependent Care FSA pretax contribution limit is \$7,500 (\$3,750 for married individuals filing separately) **PLEASE NOTE:** A Dependent Care FSA (DCFSA) is a pre-tax benefit account used to pay for eligible dependent care services, such as preschool, summer day camp, before or after school programs, and child or adult daycare. It is not for dependent healthcare expenses.

Authorization and Certification	
<ul style="list-style-type: none"> I am authorizing my employer to reduce my compensation by the amount specified. This election will expire at the end of the plan year (12/31/2026), and I must make a new election each year. I am not permitted to change my elections during the plan year (01/01/2026 - 12/31/2026) unless the change is due to and in accordance with certain recognized IRS regulations related to qualifying events. I must report any administrative errors to my payroll administrator or the Benefits Administrator within 10 days of my first payroll deduction of the plan year. In 2026 , FSA deductions will start with the 01/16/2026 payroll date. Funds in my Health Care Flexible Spending Account and/or Dependent Care Account not used within the plan year (1/1/26- 12/31/26) will be forfeited to the plan. Reimbursement for 2025 claims may be submitted up to March 31, 2026. There is no rollover of funds. 	
I will receive an Optum Financial Payment Card to access funds in my account. I certify that: <ul style="list-style-type: none"> The card will only be used for eligible medical and/or dependent care expenses. Claims I pay with the card have not been reimbursed and I will not seek reimbursement from any other plan covering health or dependent care benefits. 	
Account Holder Signature:	Date:

Flexible spending accounts (FSAs), dependent care assistance programs (DCAPs), health reimbursement arrangements (HRAs), Commuter and Parking Benefits, Tuition Assistance Plans, Adoption Assistance Plans, Surrogacy Assistance Plans, Wellness Benefits, and Lifestyle Accounts (collectively, "Employer-Sponsored Plans") are administered on behalf of your plan sponsor by Optum Financial, Inc. or ConnectYourCare, LLC, and are subject to eligibility and restrictions. Employer-Sponsored Plans are not individually owned and amounts available under the Employer-Sponsored Plan are not FDIC insured.