



DUKE UNIVERSITY
DUKE UNIVERSITY HEALTH SYSTEM

Reimbursement Accounts Enrollment Form (for qualifying life events) 2009

To elect to enroll or make changes in the Reimbursement Accounts Program, you must complete and return this form within 30 days of a family status change. Return the form to Duke Benefits, Box 90502, 705 Broad St., Durham, NC 27708 or fax to (919) 681-8774. Please keep a copy for your records.

Name _____ Duke Unique ID _____

Date of Family Status Change _____ Description of Change _____

Home Address _____

City _____ State _____ ZIP _____

Day Phone Number (_____) _____ I am paid: Biweekly (by the hour) Monthly

I. Effective Date:

Your effective date is the date of your qualifying family status change.

II. Annual Election

A. Health Care Reimbursement Account

Reduce my pay and credit my Health Care Reimbursement Account. I understand that I can use this account to be reimbursed for eligible health care expenses incurred from my effective date to December 31, 2009. If a reimbursement account deduction is missed, your pay period deduction will increase automatically to meet the annual amount you selected below.

2009 Annual Election (min \$130, max \$4,000)

Health Care Reimbursement \$ _____ (Your annual election will be divided over the remaining pay periods in the calendar year)

B. Dependent Care Reimbursement Account

Reduce my pay and credit my Dependent Care Reimbursement Account. I understand that I can use this account to be reimbursed for **eligible dependent daycare expenses** incurred from my effective date to December 31, 2009. The maximum annual deposit is \$5,000 for this account. (Other limitations could restrict your participation to less than this maximum). If a reimbursement account deduction is missed, your pay period deduction will increase automatically to meet the annual amount you selected below.

2009 Annual Election (min \$130, max \$5,000)

Dependent Care Reim. \$ _____ (Your annual election will be divided over the remaining pay periods in the calendar year)

III. Authorization

I understand that:

- If a reimbursement account deduction is missed, your pay period deduction will increase automatically to meet the annual amount you selected.
- Any amount I elect to contribute to my account(s) will be deducted from my pay from my effective date through December 31, 2009, on a before-tax basis.
- I cannot change this election until the next annual open enrollment period unless I have an eligible change in family status as defined by the Internal Revenue Service (IRS).
- I cannot transfer money between the Health Care and Dependent Care Reimbursement Accounts.
- I will lose any unused balance in my accounts if I do not use it for reimbursement of eligible expenses incurred from my effective date through December 31, 2009 and submitted for reimbursement by April 15, 2010.
- Once Human Resources receives this form, I cannot change, revoke, or rescind this election unless I experience a change in family status.
- It is my responsibility to read the provisions of the Duke Reimbursement Accounts Program and I authorize the above election for the period of my effective date through December 31, 2009.

Employee Signature _____ Date _____