



2024 REIMBURSEMENT ACCOUNTS ENROLLMENT FORM

To participate in the Reimbursement Accounts Program for the remainder of 2024, you must complete (please print) and return this form within 30 days of your date of hire. Please email the 2024 Reimbursement Accounts enrollment form to benefits@duke.edu or fax to: (919) 681-8774. Please keep a copy for your records. If you need assistance with your 2024 enrollment, please contact the HRIC at 919 684-5600.

Employee Name _____ Duke Unique ID _____

Hire Date _____ Date of Birth _____

Home Address _____

City _____ State _____ Day Phone Number _____

I. Effective Date

2024 New Hire Enrollment – Election is effective on the first day of the month following your 2024 date of hire. Please note that once you have completed and submitted your elections, the deduction amount for each paycheck is calculated based on the (a) pay frequency (salaried or bi-weekly), (b) pay period closing date, and (c) number of pay periods remaining in the calendar year.

II. Election

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 date of eligibility to December 31, 2024. The maximum annual deposit is \$5,000 for this account. If both my spouse and I have Dependent Care Reimbursement Accounts with any employer, our total combined contribution limit is \$5,000. (Other limitations could restrict your participation to less than this maximum). If a reimbursement account deduction is missed, my pay period deduction will increase automatically to meet the annual amount I selected below.

2024 Annual Election (min. \$130.00, max. \$5,000.00)

Dependent Care Reimbursement \$ _____

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 date of eligibility to December 31, 2024 or the date I move into an ineligible status, whichever is earlier. However, I can carry over up to \$610 of my unused Health Care Reimbursement Account balance into the next plan year. If a reimbursement account deduction is missed, my pay period deduction will increase automatically to meet the annual amount I selected below.

2024 Annual Election (min. \$130.00, max. \$3,200.00)

Health Care Reimbursement \$ _____

III. Authorization

I understand that:

- ✦ If a reimbursement account deduction is missed, my pay period deduction will increase automatically to meet the annual amount I selected.
- ✦ If my monthly or biweekly paycheck is not sufficient for the full reimbursement account deduction to be taken, no amount will be deducted for my reimbursement account. Partial deductions are not taken for reimbursement accounts.
- ✦ Any amount I elect to contribute to my account(s) will be deducted from my pay, contingent upon payroll deadlines, from my effective date to December 31, 2024, 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.
- ✦ 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, 2024.

Employee Signature _____ Date _____