

2026 REIMBURSEMENT ACCOUNTS ENROLLMENT FORM

2026 OPEN ENROLLMENT

To participate in the Reimbursement Accounts Program for 2026, you must complete (please print) and return this form within 30 days of your date of hire. Return to Duke Benefits by emailing: Benefits@Duke.edu or fax to: (919) 681-8774. Please keep a copy for your records.

Employee Name _____ Duke Unique ID _____

Hire Date _____ Date of Birth _____

Home Address _____

City _____ State _____ Day Phone Number _____

I. Effective Date

2026 Open Enrollment - Election is effective January 1, 2026

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 January 1, 2026 to December 31, 2026. The maximum annual deposit is \$7,500 for this account. If both my spouse and I have Dependent Care Reimbursement Accounts with any employer, our total combined contribution limit is \$7,500. (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.

2026 Annual Election (min. \$130.00, max. \$7,500.00)

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 January 1, 2026 date to December 31, 2026. However, I can carry over up to \$660 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.

2026 Annual Election (min. \$130.00, max. \$3,400.00)

Health Care Reimbursement \$ _____

Limited Purpose Flexible Spending Account (LPFSA)

Reduce my pay and credit my Limited Purpose Flexible Spending Account. I understand that I can use this account to be reimbursed for **eligible dental and vision care expenses** incurred from January 1, 2026 date to December 31, 2026. However, I can carry over up to \$660 of my unused Limited Purpose Flexible Spending Account balance into the next plan year. If a Limited Purpose Flexible Spending Account deduction is missed, my pay period deduction will increase automatically to meet the annual amount I selected below.

2026 Annual Election (min. \$130.00, max. \$3,400.00)

Limited Purpose Flexible Spending Account \$ _____

III. Authorization

I understand that:

- ✦ If a reimbursement account or limited purpose flexible spending 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 January 1, 2026 to December 31, 2026, 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, 2026.

Employee Signature _____ **Date** _____