



Your SSN _____

PID _____

This form is for active members only. You may submit information online at <https://mso.rsa-al.gov>.

Subscriber Information

Name must be entered as shown on your Social Security card.

Name _____
First Middle/Maiden Last

Mailing Address _____
Street or P.O. Box Apt.# City State ZIP Code

Telephone _____
Cell Phone Home Phone Work Phone

Date of Birth _____ Email Address _____

Sex ☐ Male ☐ Female

Marital Status ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Legally Separated

Employer/School System _____ Date of Employment _____

Section A

Healthcare Flexible Spending Account Information

☐ I elect to participate in the Healthcare Flexible Spending Account (Health FSA) plan.

I understand that:

- I will be issued a Flex Debit Card for this account. I must retain all receipts and submit a copy to HealthEquity®, if requested.
- Funds in this account can be used to pay for qualifying medical, prescription drug, dental, and vision expenses for me and my eligible dependents.
- The annual election amount cannot be less than \$120 or more than \$3,300.

Health FSA Annual Contribution Amount: \$ _____

Section B

Dependent Care Reimbursement Account Information

☐ I elect to participate in the Dependent Care (daycare) Reimbursement Account (DCRA) plan.

I understand that:

- This account is for reimbursement of daycare expenses.
- This account cannot be used for reimbursement of medical, prescription drugs, dental, or vision expenses for me or my dependents.
- The annual election amount cannot be less than \$120 or more than \$5,000 (\$2,500 if married filing a separate tax return).

DCRA Annual Contribution Amount: \$ _____

Section C

Signature Certification

I understand that:

The 2026 plan year runs October 1, 2025 - September 30, 2026. Enrollment automatically expires at the end of the plan year. I must reenroll during the annual Open Enrollment period to continue participation.

I cannot change or revoke any of my elections on this compensation redirection agreement at any time during the plan year unless I have a Qualifying Life Event (QLE) and submit a FLEXIBLE SPENDING ACCOUNT STATUS CHANGE form.

The annual contribution amount elected will be divided by the number of months I am an active participating employee this year. If I sign up during Open Enrollment, the annual amount will be divided by 12.

Funds in my DCRA cannot be transferred to my Health FSA, or vice-versa, for any reason.

The deadline to submit reimbursement requests and documentation to HealthEquity® for eligible expenses incurred by the end of this plan year (September 30, 2026) for both the Health FSA and the DCRA, is January 15, 2027.

I am allowed to carry over up to \$660 of unused funds in the Health FSA to the subsequent plan year. Funds remaining in excess of \$660 after the filing deadline will be forfeited.

Funds remaining in my DCRA after the filing deadline will be forfeited.

I hereby certify that I have completely read and fully understand the terms and conditions of the Flexible Spending Account plan and all information furnished on the application is true and complete. I also agree to have the contribution amount deducted from my monthly paycheck.

Sign Here →
Subscriber

Signature _____ Date _____



Flexible Spending Accounts

Participation in a Flexible Spending Account (FSA) allows you to save tax dollars on money you will spend on copays, deductibles, and other covered services each plan year. Enrollment in a PEEHIP Hospital Medical or Optional Coverage Plan is not required to participate in a FSA.

PEEHIP offers two FSA plans: Health FSA and DCRA.

Healthcare Flexible Spending Account (Health FSA) allows active members to set aside up to a maximum of \$3,300 of pre-tax contributions each year to pay for eligible healthcare expenses incurred by them and their eligible dependents. The minimum annual election to participate in the PEEHIP Health FSA is \$120. For more information concerning eligible expenses see IRS Publication 502, Medical and Dental Expenses.

Dependent Care Reimbursement Account (DCRA) allows active members to set aside up to a maximum of \$5,000 in pre-tax contributions each year for dependent/child care related expenses so the member (and spouse, if married) can work outside of the home or attend school full time. DCRA funds can only be used for reimbursement of payment for dependent/child care expenses (i.e., licensed nursery school or daycare for children under the age of 13, or daycare for elderly or disabled dependents). The minimum annual election to participate in the PEEHIP DCRA plan is \$120. For more information concerning eligible expenses and guidelines governing a DCRA, see IRS Publication 503, Child and Dependent Care Credit.

Members who participate in a Health FSA or DCRA with another sponsor, in addition to a PEEHIP account, should be mindful not to exceed the IRS yearly maximum amount per taxpayer.

Elected Amounts and Reimbursement

You can only be reimbursed for eligible expenses outlined in the plan. Funds assigned to one account cannot be transferred to the other account under any circumstances. To assist you in determining your annual contribution amount, a Tax Savings Calculator is available at rsa-al.gov and healthequity.com/PEEHIP. The annual contribution amount will be divided equally based on the number of remaining months in the plan year to determine the monthly contribution amount. For members who sign up during Open Enrollment, the annual contribution amount will be divided by 12. Health FSA funds are available for use up to the annual contribution amount as of the first effective day of the plan year. Funds for reimbursement from the DCRA become available only after contributions have been withheld from your paycheck.

Flex Debit Card

All Health FSA enrollees will be issued a Flex Visa Debit Card to pay for qualified medical, prescription drug, dental, and vision co-pays and eligible healthcare expenses not covered by insurance. You must save copies of all receipts, invoices, and other documentation you receive in connection with using this card to provide to HealthEquity® for substantiation, if requested. Failure to provide substantiation documentation upon request will result in card privileges being suspended, and a Refund Request Notice will be sent to you asking for you to repay the amount of the unsubstantiated charges. Use of this card for Health FSA expenses is encouraged but not required. Enrollees choosing not to use the card may request a reimbursement using the Manual Reimbursement method.

Manual Reimbursement

This method is available for the Health FSA and DCRA. Members can request a reimbursement through the HealthEquity® website or mobile app. Members may also mail or fax a Reimbursement form along with supporting documents to HealthEquity®. For recurring monthly expenses for orthodontia and DCRA, automatic reimbursement can be set up.

Timely Filing Period Deadline/Carryover

The PEEHIP FSA plan year ends September 30. You have until January 15 following the end of the plan year to submit a Reimbursement form along with receipts for eligible expenses that were incurred during the plan year (October 1 through September 30). A refund of unused funds is not permitted. Unused funds remaining in the Health FSA or DCRA after the timely filing period deadline will be forfeited.

Carryover Provision (applicable to Health FSA only)

PEEHIP allows members up to \$660 of unused funds remaining in a Health FSA after the timely filing period deadline to be carried over and used for eligible Health FSA expenses in the following plan year. Remaining Health FSA funds in excess of the maximum carryover limit will be forfeited. This provision is in accordance with guidelines set by the Department of Treasury Notice 2013-71, modified by IRS Notice 2020-33, issued May 12, 2020.

PEEHIP Flexible Spending Accounts are administered by HealthEquity® and are available to all actively employed members of PEEHIP. For a complete summary of the PEEHIP Flexible Spending Account Plan please go to rsa-al.gov.