Railroad Enrollment Services
1561 Ulster Ave., STE 101
Lake Katrine, NY 12449

DPS$$$PKG
[redacted]

Important - Open Immediately
Health Benefit Enrollment for 2027

07/22/2026

Dear [redacted]

For the 2027 benefit year we continue to offer the Railroad Enrollment Services online enrollment site for your convenience. The enrollment site is available 24/7 during the enrollment period which begins October 1, 2026 and ends October 31, 2026.

This capability provides the ability to view your personal information, add, delete and update dependent information, view enrollment materials, enroll in benefits for next year, and receive an immediate Confirmation Statement.

You have choices to make or information to provide. Below are special instructions just for you:

* You currently have the Opt-Out Option. If you want to continue this plan for next year, you must select Opt-Out Option under the Medical Benefits tile during Open Enrollment.

* You are offered the Health Flexible Spending Account Program. For more information, review the enclosed Overview of the Health Flexible Spending Account document. If you are already enrolled and plan to continue this program for next year, you must re-enroll under the Health Flexible Spending Account (FSA) tile during Open Enrollment.

We encourage you to visit the online enrollment site and review all the information available. Use the log-in instructions on the back of this page to access and review your personal information, and spend some time learning about the benefits resources available on the site.

The information on the back of this letter is the current information we have in our records for you.

If you need assistance, please call Railroad Enrollment Services at 1-800-753-2692.

Your Current Medical Benefit Information as of 07/22/2026

To enroll in available benefit programs or make changes, access the Railroad Enrollment Services on-line enrollment for 2027 at www.yourtracktohealth.com. If you do not have a telephone number listed below or if your telephone number is incorrect, please contact us at 1-800-753-2692 or update the information in the on-line enrollment tool.

Click "LOGIN" located in the upper right corner of the screen. If you have already registered, enter your username and password. If you have not yet registered, select "REGISTER" to complete your registration. Once logged in, select the option to "ENROLL NOW" located in the upper right corner of the screen.

Your current personal information.

[redacted] Birth Date: [redacted] [redacted]

Your current Medical Benefit Choice information.

Opt Out Option 2

Health Flexible Spending Account (FSA) Yearly Contribution of $ 0.00
To participate next year, you must enroll

Your current dependent information.

Name	Birth Date	Permanent Physical or Mental Condition	Full-time Student (19 years or older)
[redacted]	[redacted]	N/A N	N/A N

Overview of the Health Flexible Spending Account

The Health Flexible Spending Account (FSA), administered by UnitedHealthcare, is designed to allow you to use pretax dollars to pay for certain medical expenses that cannot be reimbursed through insurance (including coverage under a Railroad Health and Welfare Plan or a Hospital Association) or any other source.

Once you decide to participate in the Health FSA program, you cannot change your decision or the amount you have chosen to contribute until the enrollment period for the next calendar year.

Termination of Participation in the Health FSA

Your participation in the Health FSA will automatically terminate if any of the following events occur during the year:

- You cease to reside in the United States,
- You cease to be employed by a participating railroad (including death, retirement, etc), or
- You become an exempt employee or move to a craft that doesn't participate in the FSA program.

If your participation terminates, then your wage deductions and contributions to the Health FSA will cease.

Use It or Lose It Rule

Per Federal regulations, you must use all the money in your Health FSA for expenses incurred during your participation in the program year or you will forfeit the unused portion. You may not receive a refund of unused money from your account, obtain reimbursement for expenses incurred during another year, or carry balances forward to the next calendar year.

How Much Can You Contribute to the Health FSA Program?

The minimum amount you can contribute to the Health FSA program for the 2027 calendar year is $120 and the maximum for the year is $3,400 (plus any 2027 IRS increase). You should not elect more than the amount of qualifying unreimbursed medical care expenses you expect to incur between January 1, 2027 and December 31, 2027.

What Health Care Expenses Can Be Reimbursed Under the Health FSA Program?

A more detailed list of eligible expenses is available on-line at www.yourtracktohealth.com, www.myuhc.com or the IRS Website www.irs.gov or by calling UnitedHealthcare at 1-800-842-9905.

Amount of Reimbursement Available

Under the Health FSA program, the amount available for reimbursement at any given time is the full amount you have elected to have deducted from your wages during the program year, minus amounts you have already been reimbursed, regardless of how much you have contributed.

Submitting Claims

You can locate and print claim forms for reimbursement at www.yourtracktohealth.com or www.myuhc.com. You may also call UnitedHealthcare at 1-800-842-9905 to have claim forms mailed to you. A reimbursement check will not be issued until the expenses claimed reach $25.00.
You have until March 31, 2028 to submit claims for expenses incurred between January 1, 2027 and March 15, 2028.

Confirmation of your Election

You will receive a notice confirming your Health FSA election.

Notice of Non-Discrimination

UnitedHealthcare and/or Railroad Enrollment Services complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number listed on your ID card. (TTY 711).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

If you need help filing a complaint, call the toll-free number listed on your ID card. (TTY 711).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online:	https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Phone:	1-800-368-1019, 800-537-7697 (TDD)
Mail:	U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

This notice is available at: www.uhc.com.

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND ALTERNATE FORMATS

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member ID card. (TTY 711).

ATTENTION: If you speak **English**, free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.
ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.
ملاحظة :إذا كنت تتحدث اللغة **العربية (Arabic)**، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة .اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.
দেখুন: আপনি যদি **বাংলায় (Bengali)** কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন
ATENSHUN: Gare kapetal **Faluwasch (Carolinian)**, ye toore paliuwal kapetal Faluwasch lane bwe me sew format, ta tapil lane, bwe bwale tepangiyom. Kol yegili nampa la ye toore paliuwal woal kard la laumw.
ATENSION: Yanggen fifino' hao **Chamoru (Chamorro),** guaha setbisio siha para hågu ni' fåtto, i setbision fino' pat lengguåhi yan fina'uma'espiha gi otro na manera siha taiguihi i para mana'dångkolo i inemprenta. Ågang i dibåtdi na numiru gi kattå-mu aidentifikasion membro.
請注意：如果您說**中文(Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。
توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.
ATTENTION: Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.
ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.
ધ્યાન આપો: જો તમે **ગુજરાતી (Gujarati)** બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કૉલ કરો.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole),** gen sèvis lang gratis ak kominikasyon nan lòt fòma lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

ATTENZIONE: Se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイアルにお電話ください。

알림사항: 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

BAA'ÁKONÍNÍZIN: Diné (Navajo) saad bee yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó náánáł ahgo át'éego bee hadadilyaa bee ahił hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nitł'izí bee nééhoziní bąąh t'áá hiik'eh bee hane'í námboo bee hodíilnih.

WICHDICH: Wann du **Deitsch (Pennsylvania Dutch)** schwetzscht, kannscht du Schprooch-Hilf un differnti Sadde Schreiwes griege, so wie Gross-Druck (large print), unni as es dich ennich eppes koschde zellt. Call die Toll-Free-Nummer as uff dei Member Identification Card is.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ: Если вы говорите на **русском** языке **(Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например, напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FA'AALIGA: Afai e te tautala i le **Faa-Samoa (Samoan),** o lo'o avanoa mo oe 'au'aunaga fesoasoani tau gagana e leai se totogi ma feso'ota'iga e leai se totogi i isi faiga, e pei o lomiga e lapopo'a mata'itusi. Valaau i le numera e leai se totogi i lau kata faailo o le sui auai (ID).

PAUNAWA: Kung nagsasalita ka **ng Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

توجہ دیں: اگر آپ **اردو (Urdu)** زبان بولتے ہیں تو آپ کے لیے زبان کی معاون خدمات اور دیگر فارمیٹ میں مفت مواصلات، جیسے بڑے پرنٹ، آپ کے لیے دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال کریں۔

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.