



2026 Benefits Application for the Income-Based Health Reimbursement Arrangement (HRA)

Annual Enrollment

Once you complete this application, a copy will be emailed to the Nemours Benefits Team for review. **Upload your 2024 income tax return, with this application, to the [Empyrean portal](#) no later than Nov. 30, 2025, for benefits effective Jan. 1, 2026.**

New Hires/Rehires/Newly Eligible

For new hires, rehires and newly eligible associates, you have **30 calendar days** from the date of your event to submit the application and 2024 tax return. Please redact or black-out any Social Security numbers on your form prior to sending.

Questions? Call the HR Solutions Call Center at 877.458.9699.

Program Guidelines

This arrangement only applies to associates enrolled in the **High PPO** (previously the Red plan), **EPO** (previously the Blue plan), or **Mid PPO** (previously the White plan) medical plans.

Your annual household income must be less than or equal to the amounts listed below and is based on the income reported on your **2024** federal income tax return (Form 1040).

- If you are single and file a single tax return or are married and file a joint tax return, please include your federal income tax return with this application.
- **If you are married and file separate returns, please include both your and your spouse's 2024 federal income tax returns with this application.**

Number of individuals on Form 1040	1	2	3	4	5	6*
2024 Annual household income less than:	\$45,180	\$61,320	\$77,460	\$93,600	\$109,740	\$125,880

*For more than six individuals, please reach out to the HR Solutions Call Center for income requirements.

You will be notified by email once your application and required documentation have been reviewed and a determination has been made. *I certify that I meet the established household income guidelines and that the information I have provided is true and accurate.*

Name: _____
please print

ID Number (4 or 5 digits): _____

Signature: _____

Date: _____