



CAFETERIA PLAN ADVISORS
420 Washington St., Ste. 100
Braintree, MA 02184
Tel.: 781-848-9848

Authorization for Pre-Tax Payroll Reduction

Enrollment Deadline is 5/13/2022.

*** Late Enrollments not Accepted. ***

INSTRUCTIONS: New Enrollees: Complete & return this form to Cafeteria Plan Advisors by e-mail (info@cpa125.com) or fax (781-848-8477).

If Already in Plan: Enroll for the new plan year via your **online account portal**—*not the app!* Go to cpa125.com; click on *Sign In: Employee Online Access*; log into your account on **left** side of the log-in page; on your account home page, click the blue **ENROLL/RE-ENROLL** button & follow steps to enroll; click *Submit* at the end.

1 Personal Information:

Participant Name: _____

Employer: **Town of Concord**

Mailing Address: _____

Plan Year: **6/1/2022 – 6/30/2023**

(Expenses must be incurred between these dates)

City/Town, State, ZIP: _____

SSN: _____

DOB: _____

E-Mail: _____

Daytime Phone: _____

personal
 work

2 I am a (check one):

Town Employee

Public School Employee

Concord-Carlisle H.S. Employee

I am paid (check one):

Bi-weekly 20
(10-mo. employee)

Bi-weekly 21

Bi-weekly 24

Bi-weekly 24 Lump

3 Flexible Spending Account (FSA) Benefit Selections:

HEALTH CARE FSA Election: \$_____ for the **plan year** for employee, legal spouse, and eligible dependents' qualified medical, dental, vision expenses.

Annual Max. Election: \$2,850.

Benefit card included. Note: If you or your spouse have a Health Savings Account ('HSA'), you are NOT ELIGIBLE for the Health Care FSA plan but you may choose the Limited Purpose Health Care plan option below. ↓

OR

LIMITED PURPOSE HEALTH CARE FSA Election: \$_____ for the **plan year** for eligible dental and vision expenses ONLY. This option is for those ineligible for the Health Care FSA benefit (see above).

Annual Max. Election: \$2,850.

Benefit card included.

DEPENDENT CARE Election: \$_____ for the **plan year** for qualified childcare of dependents under age 13 and dependents with special needs (e.g., elder day care).

Annual Max. Election: \$5,000. per family.

Claim-based reimbursement plan. Must submit claim(s) each plan year to receive accrued funds.

Plan Notes:

- Health Care & Limited Health Care FSA balances—up to \$570—will roll over to the next plan year provided you re-enroll for that new plan year. (Max. rollover for the 2021-2022 plan year is \$550.)
- Annual Admin. Fee: \$72 (\$60 for Dep. Care only) via payroll deduction.
- See open enrollment flyer for more plan info.

4 Direct Deposit Info.

Direct deposit is our preferred method of expense reimbursement. Unless your banking info. is already on file with Cafeteria Plan Advisors, please set up direct deposit online via your account portal once you receive enrollment confirmation.

5 Certification.

I hereby authorize a salary reduction agreement for the amount(s) shown above and understand that:

- Cafeteria Plan Advisors will hold these funds until eligible expenses are incurred and a claim is submitted. FSA expenses must be consistent with allowable deductions under Internal Revenue Service (IRS) Publication 969, and funds may be forfeited in accordance with the same publication if eligible balance isn't incurred and/or submitted for reimbursement by plan year deadline.
- All claims for the Plan Year must be submitted within ninety (90) days of the end of the Plan Year.
- Your Health Care FSA plan choices have a **Rollover option**. Eligible balances roll over to the next plan year when you re-enroll in the Health Care FSA for the new plan year and the rollover occurs after the current plan year's 90-day runout period ends.
- **This election cannot be revoked or changed** during the plan year unless the participant experiences a qualifying event as defined by the IRS. **Current participants must enroll each plan year; re-enrollment is not automatic.**
- **Health Care FSA cards**, if offered through your employer's plan, **will reload** at the start of each plan year when you re-enroll; keep until they expire.
- Additional certification for Dependent Care Plan Participants: I understand that the Dependent Care Reimbursement Plan Guidelines can be found at CPA125.com and I qualify to participate in the FSA Dependent Care plan. I agree to notify the plan administrator in writing within 30 days should I experience a change in need or no longer meet the IRS's eligibility criteria. Dependents must qualify under regulations set forth in IRC sections 152 and 129.
- **Tax advice:** It is suggested you consult with a tax advisor to determine your tax savings and/or limits on tax deductions.

➤ **Signature:** _____

Date: _____

A system-generated e-mail confirmation will be sent once your enrollment is processed.