



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

# Authorization for Pre-Tax Payroll Reduction

## Enrollment Deadline is 5/3/2021.

**\* Late Enrollments not Accepted. \***

**INSTRUCTIONS: New Enrollees:** Complete & return this form to CPA, Inc., by e-mail (info@cpa125.com) or fax (781-848-8477).  
**If Already in Plan:** Enroll **online** via your online account portal (all existing participants have an online account). Go to [www.cpa125.com](http://www.cpa125.com), click *Sign In: Employee Online Access*, and log-in under "Existing Users" even if you've never logged in before. Once on your account homepage, select **ENROLL** and follow the steps until you see a message that says you've successfully enrolled.

### 1 Personal Information:

**Participant Name:** \_\_\_\_\_ **Employer:** Town of Braintree  
**Mailing Address:** \_\_\_\_\_ **Plan Year:** 7/1/2021 to 6/30/2022  
(Expenses must be incurred between these dates)  
**City/Town, State, ZIP:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_  personal  
 work

**2 Employment/Payroll Info.:** I work for (check one):  Town  School  BELD  
I am paid (check one):  Bi-Weekly 26  Bi-Weekly 21  Bi-Weekly 20

### 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. *Benefit card included.*  
**Max. Annual Election: \$2,750.**

**Ineligibility Note:** You are **NOT** eligible for this plan if you or your spouse have a Health Savings Account ("HSA").

**NEW! Rollover Option:** Health Care FSA balances from the 7/1/21 to 6/30/22 plan year—**up to \$550**—will roll over to the next plan year provided you re-enroll in the Health Care FSA.

**Dependent Care FSA Election:** \$ \_\_\_\_\_ for the **plan year** for qualified childcare expenses of eligible dependents under age 13, and elderly or special needs dependents requiring day care.

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

*Claim-based plan; no benefit card. Participants must submit claim(s) each plan year to receive accrued funds.*

*There is \$60.00/year Administrative Fee (Excludes BELD employees only)*

**4 Direct Deposit Info.** Direct deposit is Cafeteria Plan Advisors' preferred method of expense reimbursement. Unless your banking info. is already on file with Cafeteria Plan Advisors, please set up direct deposit: **1) Attach a voided check** to this form; or **2) 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, Inc., 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 has 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](http://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.