



CAFETERIA PLAN ADVISORS, INC.  
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Braintree, MA 02184  
Tel.: 781-848-9848

# Authorization for Pre-Tax Payroll Reduction

## Enrollment Deadline 11/24/2021.

**\* 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 for the new plan year **online** via your account portal. Go to **www.cpa125.com**, click *Sign In: Employee Online Access*, log into your account, select **ENROLL/RE-ENROLL**; follow the steps to enroll and click *Submit* at the end. A confirmation message will appear.

### 1 Personal Information:

**Participant Name:** \_\_\_\_\_ **Employer:** City of Beverly

**Mailing Address:** \_\_\_\_\_ **Plan Year:** 1/1/2022-12/31/2022  
(for expenses incurred between these dates, plus an additional 75 days for Health Care FSA expenses)

**City/Town, State, ZIP:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_  personal  work

### 2 Employment/Payroll Info.:

I work for (check one):  City  Schools

I am paid (check one):  Weekly (52)  Weekly (44)  Bi-weekly (26)  Bi-weekly (22)  Monthly (12)

### 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.**

**Grace Period:** Participants have an extra 75 days at the end of the plan year to continue to use any remaining balance.

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

**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.*

*Annual FSA admin. fee \$72 for the year (\$60 for Dep Care only). See Open Enrollment flyer for more plan information.*

**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 via your online account portal once you receive your 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.
- **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.