



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

# Authorization for Pre-Tax Payroll Reduction

**Enrollment Deadline is 5/15/2022.**

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

**INSTRUCTIONS: New Enrollees:** Complete & return this form to Cafeteria Plan Adv. 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—*not the app!* Go to [www.cpa125.com](http://www.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 the steps until you reach the end, then click *Submit*. When done, we recommend printing/saving the confirmation

## 1 Personal Information:

**Participant Name:** \_\_\_\_\_ **Employer:** **Town of Pembroke**

**Mailing Address:** \_\_\_\_\_ **Plan Year:** **7/1/2022 to 6/30/2023**  
(Expenses must be incurred between these dates)

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

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

**2 Employment/Payroll Info.:** I am a (check one): ☐ Town Employee ☐ School Employee  
I am paid (check one): ☐ Weekly 48 ☐ Bi-weekly 24 ☐ Bi-weekly 19

## 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: \$2,850.**

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

**Rollover Option:** Available Health Care FSA balances from the 7/1/22 to 6/30/23 plan year—**up to \$570**—will roll over to the next plan year provided you re-enroll in the Health Care FSA. (Note: The rollover limit for the 2021-2022 plan year is \$550 if re-enrolling.)

☐ **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.*

*See Open Enrollment flyer for more plan information.*

**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 via your online 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; 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.