



CAFETERIA PLAN ADVISORS
— An Alera Group Company —
120 Longwater Dr., Ste. 102
Norwell, MA 02061

New Hire / Change in Status Form

Flexible Spending Pre-Tax Payroll Reduction Authorization

Town of Pembroke

INSTRUCTIONS: Complete and return this form to **Human Resources** within 30 days of date of hire or date of qualified event.

H.R. Use Only:

First P/R Deduction Date: _____

Per Pay-Period Amount: \$ _____

1 Personal Information:

Participant Name: _____

Mailing Address: _____

City/Town, State _____ **ZIP:** _____

E-Mail: _____

Date of Hire -or- Date of Qualified

Plan Year: Change Event through 6/30/2024

(Expenses must be incurred between these dates.)

Social Security No.: _____

Date of Birth: _____

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 Date of Hire or Qualified Change Event:

4 Eligibility Event (check one):

☐ New Hire

☐ Marriage

☐ Divorce

☐ Birth/Adoption

☐ Return from Leave of Absence

☐ Other: _____

5 New Benefit Elections for REMAINDER of the Plan Year:

☐ **FSA Health Care Account (\$3,050 maximum)**

For eligible health, dental, and vision expenses. Any unspent balance for the plan year—up to **\$610**—can roll over to the next plan year provided you re-enroll in the Health Care FSA for that new plan year. Benefit card included.

Ineligibility Notice: If you or your spouse have a Health Savings Account (HSA), you are not eligible for the Health Care FSA plan.

Election for Remainder of Plan Year: \$ _____

☐ **FSA Dependent Care Account (\$5,000 maximum)**

For qualified **childcare** expenses for eligible dependents (as defined by the Internal Revenue Service) under age 13 and elder daycare. Confirm eligibility prior to enrolling. No benefit card; participants submit claims for reimbursement from accrued funds.

Election for Remainder of Plan Year: \$ _____

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

- This election cannot be revoked or changed during the plan year unless the participant experiences a qualifying event as defined by the IRS.
- Participants must re-enroll each plan year; re-enrollment is not automatic. Similarly, Dependent Care claims must be submitted each plan year.
- Health Care FSA cards reload at the start of each plan year each time you re-enroll; to avoid a new card fee do not discard your cards until they expire, even if you take a break from the plan.
- Cafeteria Plan Advisors will hold these funds until eligible expenses are incurred and a claim is submitted. Funds may be forfeited in accordance with Internal Revenue Service (IRS) Publication 969 if eligible expenses are not spent or submitted for reimbursement by plan year deadline or purchased utilizing the provided debit card (if applicable) within the plan year or the date upon which employment ends, whichever comes first.
- FSA expenses must be consistent with allowable deductions under IRS Publication 969.
- 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 run-out/claim submission period has ended.
- All claims for the Plan Year must be submitted within ninety (90) days of the end of Plan Year.
- 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: _____

Human Resources: Send completed form to CPA via e-mail (info@cpa125.com) or fax (781-848-8477).