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CAFETERIA PLAN ADVISORS

— An Alera Group Company —

Tel: 781-848-9848

E-mail: cptaclaims@getebm.com

Flexible Spending Pre-Tax Payroll Reduction Authorization

New Hire / Change in Status Form

City of Boston

INSTRUCTIONS: Complete and return to Cafeteria Plan Advisors within 30 days of Date of Hire or Qualified Event:
E-mail: cptaclaims@getebm.com / Fax: 781-848-8477

Cafeteria Plan Advisors Use Only:First P/R Deduction Date: _____
Per Pay-Period Amount: \$ _____**1 Personal Information:****Participant Name:** _____**Date of Hire -or- Date of Qualified Change through 12/31/2026**

Plan Year: _____ (for expenses incurred between these dates, plus an additional 75 days for Health Care FSA expenses)

Mailing Address: _____**SSN:** _____ **DOB:** _____**City/Town, State:** _____ **ZIP:** _____**Daytime Phone:** _____ personal work**E-Mail:** _____**EMPLOYEE ID No. (required):** _____

2 I am a (check one): City employee School employee **Dept./Location:** _____
I am paid (check one): Weekly (52) Bi-Weekly (26) **Note:** All School employees are considered Bi-weekly (21)

3 Date of Hire or Date of Qualified Change: _____

4 Qualified 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:

Health Care FSA Account (\$3,400 annual maximum) **Election for Remainder of Plan Year:** \$ _____
 For eligible non-cosmetic medical, dental, pharmacy, and vision expenses. Benefit card included. 75-day grace period for the Health Care account.

Ineligibility Notice: Under IRS rules, if you or your spouse have a Health Savings Account (HSA) you are not eligible for a Health Care FSA account.

Dependent Care FSA Account (\$7,500 annual max. per family) **Election for Remainder of Plan Year:** \$ _____
 For qualified day care expenses for eligible dependents (as defined by the IRS) under age 13 and elder daycare as needed in order for the participant and spouse (if applicable) to be able to go to work. Confirm eligibility prior to enrolling. Claim-based reimbursement plan (no card); must submit claim(s) to receive accrued funds.

Commuter TRANSIT Account (\$340 per month maximum) **Election for Remainder of Plan Year:** \$ _____ per mo.
 For the participant's commuting expenses traveling between home and their place of work via mass-transit (bus, subway, trolley, commuter rail, commuter boat, and qualified vanpool services). NOT for tolls, taxis, ride-hail/ride-share services, or other single-vehicle expenses. Spouse and/or dependent's transit expenses are not eligible. **IMPORTANT:** Do not enroll in this plan if you participate in the City's subsidized transit benefit or purchase Charlie cards through the City. Claim-based reimbursement plan; no benefit card; participants must submit claims to receive accrued funds.

Commuter PARKING Account (\$340 per month maximum) **Election for Remainder of Plan Year:** \$ _____ per mo.
 For the participant's parking expenses at his/her place of work or mass-transit lot. NOT for residential parking and non-work parking. Spouse and/or dependent's parking expenses are not eligible. **IMPORTANT:** Do not enroll in this plan if you have a paid parking benefit from the City. Claim-based reimbursement plan; no benefit card; participants must submit claims to receive accrued funds.

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

- Cafeteria Plan Advisors will hold the 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.
- 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 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 whenever you re-enroll for up to 5 plan years. Fee(s) apply for additional and replacement cards.
- All claims for expenses incurred during the Plan Year must be submitted within ninety (90) days following the end of the Plan Year.
- Tax advice:** It is suggested you consult with a tax advisor to determine your tax savings and/or limits on tax deductions.
- Additional certification for Dependent Care Plan participants:** I understand that the Dependent Care Reimbursement Plan Guideline questions can be emailed to cptaclaims@getebm.com for qualification 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.

► **Signature:** _____**Date:** _____