



CAFETERIA PLAN ADVISORS, INC.
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Authorization for Pre-Tax Payroll Reduction

Enrollment Deadline is 11/26/2019.

*** Late Enrollments not Accepted. ***

INSTRUCTIONS: New Enrollees: Complete & return this form to Cafeteria Plan Advisors by fax or e-mail (see above).
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*, select *ENROLL*, and follow the steps.

1 Personal Information:

Participant Name: _____ **Employer:** **City of Boston**

Mailing Address: _____ **Plan Year:** **1/1/2020 to 12/31/2020**
 75-day Grace Period for Health Care FSA

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

E-Mail: _____ **Daytime Phone:** _____ personal work

2 Employment/Payroll Information:

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

3 Flexible Spending Account (FSA) Benefit Selections:

<input type="checkbox"/> HEALTH CARE Election: \$ _____ for the plan year for employee, spouse, and eligible dependents' qualified medical, dental, and vision expenses. Annual max.: \$2,700. <i>Benefit card included. Note: You are NOT ELIGIBLE for this plan if you or your spouse contribute to a Health Savings Account ("HSA").</i>	<input type="checkbox"/> DEPENDENT CARE Election: \$ _____ for the plan year for qualified childcare of dependents under age 13 and elder day care expenses. Annual max.: \$5,000. per family. <i>Claim-based reimbursement plan; no benefit card. Must submit claim(s) each plan year to receive accrued funds.</i>
<input type="checkbox"/> TRANSIT Election: \$ _____ for the plan year Monthly max.: \$265. (\$3,180. annual max) <i>Claim-based reimbursement plan. For mass-transit expenses; spouse/dependent expenses are not eligible. Not for tolls, taxis, ride-hail/ride-share services; not for employees who buy Charlie Cards through the city. State of MA only allows \$140 to be pre-taxed.</i>	<input type="checkbox"/> PARKING Election: \$ _____ for the plan year Monthly max.: \$265. (\$3,180. annual max) <i>Claim-based reimbursement plan. For parking expenses at the participant's workplace or mass-transit lot; spouse/dependent expenses are not eligible.</i>

Annual FSA administrative fee of \$4.00 per month is paid via payroll deduction.

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:

- 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; it is not automatic.** Similarly, Dependent Care claims must be submitted each plan year.
- **Health Care FSAs card reloads** 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. Federal tax benefits for Transit and Parking FSA plans exceed state tax benefits.
- Cafeteria Plan Advisors, Inc., 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.
- 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:** _____

A system-generated e-mail confirmation will be sent once your enrollment is processed.