



CAFETERIA PLAN ADVISORS
 – An Alera Group Company –
 120 Longwater Dr., Ste. 102
 Norwell, MA 02061
 Tel: 781-848-9848

Authorization for Pre-Tax Payroll Reduction

This is a generic enrollment form. See your Human Resources department or contact Cafeteria Plan Advisors for actual plan specs.

INSTRUCTIONS: If Already in Plan: **Re-enrollment is NOT automatic!** To enroll for the new plan year via your online account portal, go to cpaemployee.lh1ondemand.com. Log-in on the *left* side of the sign-in screen. Click the blue **ENROLL/RE-ENROLL** button and follow the steps to enroll; click *Submit* at the end. (We recommend printing or saving your enrollment confirmation.)

New Enrollees: **Complete & return this form to Cafeteria Plan Advisors**
Fax 781-848-8477 or email to info@cpa125.com

1 Personal Information:

Participant Name: _____ Employer: _____

Mailing Address: _____ Plan Year: _____

City, State, Zip: _____ SSN: _____ DOB: _____

E-Mail: _____ Daytime Phone: _____ personal work

2 Job/Pay Info.: I am paid (check one): Weekly Bi-weekly Semi-Monthly Other _____

Dept. (check one): Municipal Employee School Employee Other _____

3 Flexible Spending Account (FSA) Benefit Selections:

<input type="checkbox"/> Health Care FSA Election: \$_____ for the plan year for employee, legal spouse, and eligible dependents' qualified medical, dental, vision expenses. <i>Benefit card included.</i> IRS Max. Annual Election for 2025 is \$3,300 *check your employer's max as it may be different Ineligibility Note: You are NOT eligible for this plan if you or your spouse have a Health Savings Account ("HSA").	<input type="checkbox"/> 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 <i>Claim-based plan; no benefit card. Participants must submit claim(s) each plan year to receive accrued funds.</i>
<i>If applicable Annual FSA plan administration fee \$_____. See Open Enrollment flyer for more plan information.</i>	

4 **Direct Deposit Info.** Direct deposit is our preferred method for claim reimbursement. If your banking info. is not on file with Cafeteria Plan Advisors, please 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:*
- 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 within the plan year or the date upon which employment ends, whichever comes first.
 - 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 may have a **Rollover option** or **Grace Period**. **It is important to check with your Employer for Plan specifics.**
 - **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 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.