

CPA, Inc.  
420 Washington St. Suite 100  
Braintree, MA 02184  
781.848.9848 (Phone)  
[www.CPA125.com](http://www.CPA125.com)

## AUTHORIZATION FOR PRE-TAX PAYROLL REDUCTION

SIGNED FORM MUST BE RETURNED TO CPA INC BY: 11/18/11

**781.848.8477 (Fax)**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zip

Employer: **City of Boston**

Department: \_\_\_\_\_

Plan Year: **1/1/2012 – 12/31/12**  
(expenses must be incurred between these dates)

SSN: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

I am a: Municipal Employee  Weekly  Bi-Weekly

I am a: School Employee  **All School Employees will be calculated based on 21 deductions**

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### Select Benefit(s) and Amount

**FSA Dependent/Day Care Account: (\$5000 maximum)** I elect to contribute \$ \_\_\_\_\_ per Plan Year.  
(requires a dependent care certification form – available online)

**FSA Medical/Dental Care Account: (\$5000 maximum)** I elect to contribute \$ \_\_\_\_\_ per Plan Year.  
(does not include insurance premiums)

**Parking (\$240 monthly max = \$2880 annually)** I elect to contribute \$ \_\_\_\_\_ per Plan Year.  
(Employee parking near workplace – Employee Only)

**Transit (\$125 monthly max = \$1500 annually)** I elect to contribute \$ \_\_\_\_\_ per Plan Year.  
(Public Transit for Employee Commuting Only)

**Administrative Fee** \$ \_\_\_\_\_ per Plan Year.

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### Direct Deposit Information: (REQUIRED, unless already on file with CPA, Inc.)

I hereby authorize Cafeteria Plan Advisors, Inc. to deposit my claim reimbursements directly to my bank. I also authorize drafts to adjust any over deposits that were credited to my account. I will contact CPA, Inc. immediately with any bank information changes.

Name of Bank: \_\_\_\_\_  Checking  Savings

Routing Number: (9 digits) \_\_\_\_\_ Account Number: \_\_\_\_\_

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

- This election cannot be revoked or changed during the plan year without a qualifying event as defined in the IRS regulations.
- Dependents must qualify under regulations set forth by the IRS.
- Services must be consistent with allowable medical expenses under the IRS Code.
- Failure to return this signed form to CPA, Inc. by the deadline will result in termination from the plan.
- Over-the-counter medicines are not eligible expenses unless submitted with an Rx prescription.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_