



**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

**Enrollment Deadline is 11/22/2024.**

**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](http://cpaemployee.lh1ondemand.com)—*not the app*. Log-in on the *left* side of the sign-in screen. Once on your account homepage, 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 **Tareque Ahmed in Human Resources**.

## 1 Personal Information:

**Participant Name:** \_\_\_\_\_ **Employer:** **Cambridge Schools**

**Mailing Address:** \_\_\_\_\_ **Plan Year:** **1/1/2025 to 12/31/2025**  
(Expenses must be incurred between these dates)

**City, State, Zip:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_  personal  work

**2 Job/Pay Info.:** (A) I am paid (check one):  Weekly  Semi-monthly

(B) Dept. (check one):  Clerks Hourly  Maint. Hourly  Paras & Prof  Teachers/Admin.  Daily Subs  
 Clerks Salary  Maint. Salary  Security Salary  Salary

## 3 Flexible Spending Account (FSA) Benefit Selections:

<input type="checkbox"/> <b>Health Care FSA Election:</b> \$_____ for the plan year for employee, legal spouse, and eligible dependents’ qualified medical, dental, vision expenses. <i>Benefit card included.</i> <b>Max. Annual Election: \$3,300.</b> <b>Rollover Option:</b> Any unspent Health Care balance— <i>up to \$660</i> will roll over to the next plan year if you re-enroll for the next plan year. (Note: The max rollover for 2024 plan year is \$640; re-enrollment reqd.) <b>Ineligibility Note:</b> You are <b>NOT</b> eligible for this plan if you or your spouse have a Health Savings Account (“HSA”).	<input type="checkbox"/> <b>Dependent Care FSA Election:</b> \$_____ for the plan year for qualified childcare expenses of eligible dependents under age 13, and elderly or special needs dependents requiring day care. <b>Max. Annual Election: \$5,000. per family</b> <i>Claim-based plan; no benefit card. Participants must submit claim(s) each plan year to receive accrued funds.</i>
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Annual FSA plan administration fee is paid by your employer. See Open Enrollment flyer for more plan information.

**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 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 runout period ends.
- **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](http://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.