



CAFETERIA PLAN ADVISORS, INC.  
420 Washington St., Ste. 100  
Braintree, MA 02184  
Fax: 781-848-8477  
E-mail: info@cpa125.com

# Authorization for Pre-Tax Payroll Reduction

**Enrollment Deadline is 11/30/2019.**

**\* 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](http://www.cpa125.com), click *Sign In: Employee Online Access*, select **ENROLL**, and follow the steps.

## 1 Personal Information:

**Participant Name:** \_\_\_\_\_ **Employer:** **Town of Norton**  
**Mailing Address:** \_\_\_\_\_ **Plan Year:** **1/1/2020 to 12/31/2020**  
**City/Town, State, ZIP:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_ ☐ personal  
\_\_\_\_\_ ☐ work

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

☐ **Health Care FSA Election:** \$ \_\_\_\_\_ for the plan year for employee and eligible dependents' qualified medical, dental, vision expenses. **Annual Max. Election: \$2,700.**  
*Benefit card included.*  
Ineligibility Note: You are **NOT** eligible for this plan if you or your spouse have a Health Savings Account ("HSA").  
**\$500 Rollover:** Any unspent Health Care funds—up to \$500—will roll over as long as you re-enroll in the Health Care FSA plan.

☐ **Dependent Care FSA Election:** \$ \_\_\_\_\_ for the plan year for qualified childcare expenses of eligible dependents under age 13 & dependents with special needs requiring daycare. **Annual Max.: \$5,000 per family**  
*Claim-based reimbursement plan; no benefit card.*  
*Participants must submit new claim(s) each plan year to receive accrued funds.*

**3 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.

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

- 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.
- 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.** Similarly, Dependent Care claims must be submitted each plan year.
- Health Care FSA cards reload** 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.
- 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.