



**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

## Open Enrollment is from 11/1/2024– 11/30/2024.

**\* Deadline to Enroll/Re-enroll is 11/30/2024. \***

**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 Human Resources by the deadline date shown above.**

### 1 Personal Information:

**Participant Name:** \_\_\_\_\_ **Employer:** **City of Newton**

**Mailing Address:** \_\_\_\_\_ **Plan Year:** **1/1/2025 to 12/31/2025**  
(Expenses must be incurred between these dates; plus a 75-day Grace Period for Health Care FSA)

**City/Town, State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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

**2 I am a:**  City employee; paid weekly (52) → **Employee No. (required):** \_\_\_\_\_

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

<input type="checkbox"/> <b>HEALTH CARE Election:</b> \$ _____ for the <b>plan year</b> for employee, legal spouse, and eligible dependents' qualified non-cosmetic medical, dental, and vision expenses. <b>Annual Max. Election: \$3,200</b> <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"/> <b>DEPENDENT CARE Election:</b> \$ _____ for the <b>plan year</b> for qualified <b>day care</b> expenses for eligible dependents (as defined by the IRS) under age 13, elderly dependents, and dependents with special needs. <b>Annual Max. Election: \$5,000 per family.</b> <i>Claim-based reimbursement plan (no benefit card). Participants must submit claim(s) each plan to receive accrued funds.</i>
<input type="checkbox"/> <b>TRANSIT Election:</b> \$ _____ for the <b>plan year</b> for the participant's <b>mass-transit</b> expenses commuting to/from work. <b>Annual Max. Election: \$3,780 (\$315 monthly max.)</b> <i>Not for tolls, taxis, car/ride-hail services (except qualified vanpool service, as defined by the IRS). Benefit card draws from accrued Transit funds. Spouse/dependent expenses are not eligible.</i>	<input type="checkbox"/> <b>PARKING Election:</b> \$ _____ for the <b>plan year</b> for parking expenses at the participant's place of work or mass-transit lot. <b>Annual Max. Election: \$3,780 (\$315 monthly max.)</b> <i>Not for residential or non-workplace/commuter lot parking. Spouse/dependent expenses are not eligible. Benefit card draws from accrued Parking funds.</i>
<p><b>Note:</b> For Transit &amp; Parking plans, federal &amp; state law allows up to \$315 per month to be pre-tax. • See FSA benefits for more plan info. &amp; details.</p>	

**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.
- FSA expenses must be consistent with allowable deductions under IRS Publication 969.
- All claims for the Plan Year must be submitted within ninety (90) days following the end of the Plan Year.
- **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 for each plan year; re-enrollment is not automatic.**
- **FSA benefit cards for the Health Care FSA plan** can be used for qualified medical/health, dental, and vision expenses at many points of service and **will reload** at the start of each plan year for which you re-enroll; **keep until they expire**. If enrolled in the Transit and/or Parking commuter plan(s) as well as the Health Care FSA plan, the **same benefit cards** can be used to access *accrued* funds in your commuter account(s) to pay for eligible expenses where the card is accepted; otherwise, participants can submit claims for reimbursement from accrued funds.
- 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.