



CAFETERIA PLAN ADVISORS, INC.
420 Washington St., Ste. 100
Braintree, MA 02184
Tel.: 781-848-9848

Authorization for Pre-Tax Payroll Reduction

Enrollment Deadline is 11/23/2020.

*** Late Enrollments not Accepted. ***

INSTRUCTIONS: New Enrollees: Complete & return form to CPA, Inc., via e-mail (info@cpa125.com), or fax (781-848-8477).
If Already in Plan: Enroll for 2021 online via your account portal. Go to www.cpa125.com, click *Sign In: Employee Online Access*, select *ENROLL*, and follow the steps.

★ The FSA admin. fee for 2021 is being paid by the City ★

1 Personal Information:

Participant Name: _____ **Employer:** **City of Boston**

Mailing Address: _____ **Plan Year:** **1/1/2021 to 12/31/2021**
(plus 75-day Grace Period for Health Care FSA)

City/Town, State, ZIP: _____ **SSN:** _____ **DOB:** _____

E-Mail: _____ **Daytime Phone:** _____ personal
 work

2 Employment/Payroll Information:

I am a (check one): City employee School employee **Dept./Location:** _____
I am paid (check one): Weekly (52) Bi-Weekly (26) **Note:** All School employees will be considered Bi-weekly (21)

3 Flexible Spending Account (FSA) Benefit Selections:

<input type="checkbox"/> HEALTH CARE Election: \$ _____ for the plan year for employee, legal spouse, and eligible dependents' qualified medical, dental, and vision expenses. Annual Max. Election: \$2,750. <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"/> DEPENDENT CARE Election: \$ _____ for the plan year for qualified childcare of dependents under age 13 and dependents with special needs (e.g., elder day care). Annual Max. Election: \$5,000. per family. <i>Claim-based reimbursement plan. Must submit claim(s) each plan to receive accrued funds.</i>
<input type="checkbox"/> TRANSIT Election: \$ _____ for the plan year for the participant's mass-transit expenses to commute to/from work. Annual Max. Election: \$3,240. (\$270. monthly max.) <i>Claim-based reimbursement plan. Spouse/dependent expenses are not eligible. Not for tolls, taxis, car/ride-hail services (except vanpool); not for employees who buy Charlie Cards through the City.</i>	<input type="checkbox"/> PARKING Election: \$ _____ for the plan year for parking expenses at the participant's place of work or mass-transit lot. Annual Max. Election: \$3,240. (\$270. monthly max.) <i>Claim-based reimbursement plan. Spouse/dependent expenses are not eligible.</i>
<p>Note: For Transit & Parking plans, federal law allows up to \$270 per month to be pre-tax; Comm. of Mass. allows up to \$140 per month pre-tax.</p>	

4 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.

5 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. FSA expenses must be consistent with allowable deductions under Internal Revenue Service (IRS) Publication 969, and funds may be forfeited in accordance with the same publication if eligible balance isn't incurred and/or submitted for reimbursement by plan year deadline.
- All claims for the Plan Year must be submitted within ninety (90) days of 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 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.