

# Authorization for Pre-Tax Payroll Reduction

**Enrollment Deadline is 5/5/2021.**

**INSTRUCTIONS: New Enrollees:** Complete & return this form to CPA, Inc., by e-mail ([info@cpa125.com](mailto:info@cpa125.com)) or fax (781-848-9848).

**If Already in Plan:** Enroll online via your online account portal. Go to our website, [www.cpa125.com](http://www.cpa125.com), click **Sign In: Employee Online Access**, and log-in under "Existing Users," **not** "New User"—even if you've never logged in before. On your account homepage, click **ENROLL/RE-ENROLL** and follow the steps to the end, click **Submit**, and see a message confirming your enrollment.

## 1 Personal Information:

**Participant Name:** \_\_\_\_\_ **Employer:** **Town of Brookline**

**Mailing Address:** \_\_\_\_\_ **Plan Year:** **7/1/2021 to 6/30/2022**  
(plus 75-day Grace Period for Health Care FSA)

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

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

**2 Employment/Payroll Info.:** I am a (check one):  Town Employee  School Employee  
I am paid (check one):  Weekly 52  Weekly 41  Bi-weekly 21

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

**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.**

*Benefit card included. Note:* You are **NOT ELIGIBLE** for this plan if you or your spouse contribute to a Health Savings Account ("HSA").

**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.**

*Claim-based reimbursement plan. Must submit claim(s) each plan year to receive accrued funds.*

**NEW! TRANSIT Election:** \$ \_\_\_\_\_ for plan year to use for your mass-transit expenses commuting to/from work, incl. bus, subway, trolley, commuter rail, commuter boat, vanpool services.  
**Annual Max. Election: \$3,240.** (\$270/mo. max.)

*Benefit card included. NOT for tolls, taxis, ride-hail/ride-share services. Spouse and/or dependent expenses are not eligible.*

**NEW! PARKING Election:** \$ \_\_\_\_\_ for plan year to use for parking expenses at your place of work or mass-transit lot.  
**Annual Max. Election: \$3,240.** (\$270/mo. max.)

*Benefit card included. NOT for residential parking or non-work parking. Spouse and/or dependent expenses not eligible.*

**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.

*The annual FSA admin. fee is paid by the Town of Brookline unless enrolled in Dependent Care only for which the fee is \$36 per plan year. See Open Enrollment and Parking/Transit benefit flyers for more plan information.*

**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](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.