



CAFETERIA PLAN ADVISORS
120 Longwater Dr., Ste. 102
Norwell, MA 02061
Tel.: 781-848-9848

Authorization for Pre-Tax Payroll Reduction

Open Enrollment is April 5 to May 3, 2023.

*** Enroll/Re-enroll deadline is 5/3/2023. Late enrollments not accepted. ***

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—*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: New Participants submit form to Human Resources, 2nd Floor.

1 Personal Information:

Participant Name: _____ **Employer:** **Town of Brookline**

Mailing Address: _____ **Plan Year:** **7/1/2023 to 6/30/2024**
(for expenses incurred between these dates, plus an additional 75 days for Health Care FSA expenses)

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:

<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: \$3,050. <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 year to receive accrued funds.</i>
<input type="checkbox"/> TRANSIT Election: \$ _____ for plan year for your mass-transit commuting expenses traveling to/from work, incl. subway, bus, trolley, commuter rail, commuter boat & dedicated vanpool svc. Annual Max. Election: \$3,600. (\$300/mo. max.) <i>Benefit card included; card draws from accrued funds. NOT for tolls, taxi, ride-hail/ride-share services. Spouse and/or dependent expenses</i>	<input type="checkbox"/> PARKING Election: \$ _____ for plan year for parking expenses at your workplace or mass-transit lot. Not for residential or non-work parking. Annual Max. Election: \$3,600. (\$300/mo. max.) <i>Benefit card included; card draws from accrued funds. Benefit is Spouse and/or dependent expenses are not eligible.</i>

Note: For Transit & Parking plans, federal & Mass. law allow up to \$300 per month to be 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 flyer for more plan information.

4 Direct Deposit Info. Direct deposit is our preferred method of expense reimbursement. Unless your banking info. is already 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. 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.