



CAFETERIA PLAN ADVISORS, INC.
420 Washington St., Ste. 100
Braintree, MA 02184

New Hire / Change in Status

Flexible Spending Pre-Tax Payroll Reduction

Town of Reading

INSTRUCTIONS: Completed and return this form to your **Human Resources Dept. within 30 days** of hire or qualified change.

H.R. Use Only:

First P/R Deduction Date: _____

Per Pay-Period Amount: \$ _____

1 Personal Information:

Participant Name: _____

Date of Hire -or- Date of Qualified

Plan Year: **Change through 12/31/2022**

Mailing Address: _____

Social Security No.: _____

City/Town, State, ZIP: _____

Date of Birth: _____

E-Mail: _____

Daytime Phone: _____

personal
 work

2 Job/Payroll Info.: I work for (check one): DPW Fire Mun. Light Police Schools Town Offices
I am paid (check one): Bi-weekly 20 Bi-weekly 26 Bi-weekly w/lump sum

3 Date of Hire or Qualified Change: _____

4 Eligibility Event (check one): New Hire Marriage Divorce Birth/Adoption
 Return from Leave of Absence Other: _____

5 New Benefit Elections for REMAINDER of the Plan Year:

FSA Health Care Account (\$2,750 maximum) Election for Remainder of Plan Year: \$ _____

FSA debit card included for the Health Care account. Use for eligible health, dental, vision expenses. Any unspent balance for the plan year—up to \$550—can roll over to the next plan year provided you re-enroll in the Health Care FSA for that new plan year.

Ineligibility Notice: If you or your spouse have a Health Savings Account (HSA), you are not eligible for the Health Care FSA plan.

FSA Dependent Care Account (\$5,000 maximum) Election for Remainder of Plan Year: \$ _____

For qualified childcare of dependents (as defined by the Internal Revenue Service) under age 13 and elder day care. Confirm eligibility prior to enrolling. Claim-based reimbursement plan; no benefit card; must submit claim form(s) to receive accrued funds.

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

- This election cannot be revoked or changed during the plan year unless the participant experiences a qualifying event as defined by the IRS.
- Participants must re-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.
- 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.
- **Administrative Fee:** A \$60 annual FSA admin. fee (prorated based on enrollment/change date) is paid via payroll deduction.
- 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 of the end of Plan Year.
- 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: _____

H.R.: Send completed form to Cafeteria Plan Advisors via fax (781-848-8477) or e-mail (info@cpa125.com).