

CAFETERIA PLAN ADVISORS

120 Longwater Dr., Suite 102 Norwell, MA 02061 Tel.: 781-848-9848

Signature:

Authorization for Pre-Tax Payroll Reduction Enrollment Deadline is <u>5/9/2025</u>.

* 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

New Enrollees: Complete & return this form to (CPA via e-mail (info	@cpa125.com) or fax	(781-848-84 [°]	77).
Personal Information:				
Participant Name:	Employer:	Town of N	Medwa	ay
Mailing Address:	Plan Year:	7/1/2025 to	6/30/20 etween these da)26 ates)
City/Town, State: ZIP:	SSN:	Do	OB:	
E-Mail:	Daytime Ph	one:		person work
work for (check one): ☐ Schools ☐ Town → I am paid (′check one):	eekly 26 🔲 Teache	r/Para Bi-we	ekly 2
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Flexible Spending Account (FSA) Benefit Selections:				
Health Care FSA Election: \$ for the plan year	Dependent Care FSA Election: \$ fo the plan year for qualified day care expenses fo			
for employee, legal spouse, and eligible dependents' qualified medical, dental, vision expenses. <i>Benefit card included</i> .	eligible dependents (as defined by the IRS) under age 1: elderly dependents, and dependents with specineeds requiring day care.			age 13
Max. Annual Election: \$3,300.				specia
Ineligibility Note: You are NOT eligible for this plan if you or your	Max. Annual Election: \$5,000 per family.			
spouse have a Health Savings Account ("HSA").		Claim-based plan; no benefit card. Participants must submit claim(s) each plan year to receive accrued funds.		
See Open Enrollment flyer for I	more plan informatio	n.		
Direct Deposit Info. Direct deposit is our preferred method of file with Cafeteria Plan Advisors, please set up direct deposit online via	•	•	-	
Certification. I hereby authorize a salary reduction agreement for	the amount(s) show	n ahove and understan	d that:	
 Cafeteria Plan Advisors will hold these funds until eligible expenses are included with Internal Revenue Service (IRS) Publication 969 if eligible expenses are purchased utilizing the provided debit card within the plan year or the date. 	curred and a claim is see not spent or submit	ubmitted. Funds may be ted for reimbursement l	e forfeited in a by plan year d	accord leadlin
 All claims for the Plan Year must be submitted within ninety (90) days of the e This election cannot be revoked or changed during the plan year unless th 		ses a qualifying event as	defined by the	IDC
• Current participants must enroll each plan year; re-enrollment is <u>not</u> autom	atic.			
 Health Care FSA cards, if offered through your employer's plan, will reload a Additional certification for Dependent Care Plan Participants: I understand 	•	•		
at <u>CPA125.com</u> and I qualify to participate in the FSA Dependent Care plan. experience a change in need or no longer meet the IRS's eligibility criteria. Depe • Tax advice: It is suggested you consult with a tax advisor to determine you	I agree to notify the p ndents must qualify und	lan administrator in writi Ier regulations set forth in I	ng within 30 da	ays sho