



CAFETERIA PLAN ADVISORS

Tel.: 781-848-9848 | CPA125.com

# New Hire / Change in Status Form

## Flexible Spending Pre-Tax Payroll Reduction Authorization

# Town of Medway

**INSTRUCTIONS:** Complete & return this form to Human Resources **within 30 days** of your Date of Hire or Qualified Event

**For Human Resources Use:**

First P/R Deduction Date: \_\_\_\_\_

Per Pay-Period Amount: \$ \_\_\_\_\_

### 1 Personal Information:

Participant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town, State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Hire -or- Date of Qualified Plan Year: **Change through 6/30/2026**  
(for qualified expenses incurred between these dates)

Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

☐ personal  
☐ work

**2 I work for (check one):** ☐ Town ☐ Schools → **I am paid (check one):** ☐ Bi-weekly 26 ☐ Teacher/Para Bi-weekly 20

**3 Date of Hire or Qualified Change Event:** \_\_\_\_\_

**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 (\$3,300 annual maximum)**  
For your eligible health, dental, and vision expenses. Benefit may also be used for eligible expenses incurred by your legal spouse (if married) and/or dependent children to age 25. Re-enrollment is not automatic. *Benefit card included.*

Election for Remainder of 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 annual max. per family)**  
For qualified day care expenses for dependents (as defined by the Internal Revenue Service) under age 13, elderly dependents, and dependents with special needs. Confirm eligibility prior to enrolling. This is a claim-based reimbursement plan (no benefit card); claims paid from accrued funds.

Election for Remainder of Plan Year: \$ \_\_\_\_\_

### 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 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.
- 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](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:** \_\_\_\_\_

**Human Resources: Add deduction info. at top & send to CPA via e-mail ([info@cpa125.com](mailto:info@cpa125.com)) or fax (781-848-8477).**