



CAFETERIA PLAN ADVISORS
 – An Alera Group Company –
 120 Longwater Dr., Suite 102
 Norwell, MA 02061
 Tel.: 781-848-9848

Flexible Spending Pre-Tax Payroll Reduction Authorization

New Hire / Change in Status Form

City of Boston

INSTRUCTIONS: Complete and return to Cafeteria Plan Advisors **within 30 days** of Date of Hire or Qualified Event:
E-mail: info@cpa125.com / **Fax:** 781-848-8477

Cafeteria Plan Advisors 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 12/31/2024**

(for expenses incurred between these dates, plus an additional 75 days for Health Care FSA expenses)

Mailing Address: _____

SSN: _____ **DOB:** _____

City/Town, State: _____ **ZIP:** _____

Daytime Phone: _____ personal work

E-Mail: _____

EMPLOYEE ID No. (required): _____

2 Employment/Payroll Information:

I am a (check one): City employee School employee

Dept./Location: _____

I am paid (check one): Weekly (52) Bi-Weekly (26)

Note: All School employees are considered Bi-weekly (21)

3 Date of Hire or Date of Qualified Change: _____

4 Qualified 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:

Health Care FSA Account (\$3,050 maximum) Election for Remainder of Plan Year: \$ _____
For eligible medical, dental, pharmacy, and vision expenses. FSA benefit card included. 75-day grace period in effect for this plan year for the Health Care account. Ineligibility Notice: Under IRS rules, if you or your spouse have a Health Savings Account (HSA) you are not eligible for a Health Care flex-spending account (FSA).

Dependent Care FSA Account (\$5,000 maximum) Election for Remainder of Plan Year: \$ _____
For qualified childcare of eligible dependents (as defined by the Internal Revenue Service) under age 13 and elder day care as needed for participant to be able to work. Confirm eligibility prior to enrolling. Claim-based reimbursement plan; no benefit card; must submit claim form(s) to receive accrued funds.

Transit FSA Account (\$300 per month maximum) Election for Remainder of Plan Year: \$ _____ per mo.
For the participant's commuting expenses traveling between home and their place of work via mass-transit (bus, subway, trolley, commuter rail, commuter boat, and qualified vanpool services). NOT for tolls, taxis, ride-hail/ride-share services, or other single-vehicle expenses. Spouse and/or dependent's transit expenses are not eligible. IMPORTANT: Do not enroll in this plan if you participate in the City's subsidized transit benefit or purchase Charlie cards through the City.

Parking FSA Account (\$300 per month maximum) Election for Remainder of Plan Year: \$ _____ per mo.
For the participant's parking expenses at his/her place of work or mass-transit lot. NOT for residential parking and non-work parking. Spouse and/or dependent's parking expenses are not eligible. IMPORTANT: Do not enroll in this plan if you have a paid parking benefit from the City.

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. Current participants must re-enroll each plan year; it is **not** automatic. Similarly, Dependent Care claims must be submitted each plan year.
- FSA cards reload at the start of each plan year whenever you re-enroll for up to 5 plan years. Fee(s) apply for additional and replacement cards.
- Cafeteria Plan Advisors will hold the 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.
- The Health Care FSA plan has a 75-day grace period; participants can incur new expenses up to March 13 to spend down their balance for the plan year ending Dec. 31.
- All claims for the Plan Year must be submitted within ninety (90) days of the end of Plan Year.
- For Transit and Parking plans, federal and Mass. law allows up to \$300 per month to be pre-tax.
- Tax advice: It is suggested you consult with a tax advisor to determine your tax savings and/or limits on tax deductions.
- 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.

Signature: _____

Date: _____