



CAFETERIA PLAN ADVISORS, INC.
 420 Washington St., Ste. 100
 Braintree, MA 02184
 E-mail: info@cpa125.com

New Hire / Change in Status

Flexible Spending Pre-Tax Payroll Reduction

INSTRUCTIONS: Form must be completed and returned to the City of Framingham **within 30 days** of the qualifying event

HR Use Only:

First Deduction Date: _____
 Per Pay-Period Amount: \$ _____

1 Personal Information:

Participant Name: _____

Employer: **CITY OF FRAMINGHAM**

Mailing Address: _____

Plan Year: date of hire/eligibility – 12/31/2020

City/Town, State, ZIP: _____

SSN: _____ DOB: _____

E-Mail: _____

Daytime Phone: _____ personal work

2 Employment/Payroll Information (check one):

I am a (check one): I am paid (check one):
 City Employee → Weekly (52)
 School Employee → Weekly (52) Weekly (44) Bi-Weekly (38) Bi-Weekly (26) Bi-Weekly (21)

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 (\$2,700 maximum) Election for Remainder of Plan Year: \$ _____
*FSA debit card included for the Health Care account. \$100 Roll Over option in effect for this plan year if you enroll for the 2021 plan year.
 Ineligibility Notice: If you or your spouse have a Health Savings Account (HSA), you are not eligible for a Health Care flexible spending account (FSA).*

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.*

FSA Admin. Fee: The fee is \$60 for the Plan Year

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

- 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.
- FSA expenses must be consistent with allowable deductions under IRS Publication 969.
- **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.** 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.
- 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: _____

Return to your HR/Payroll Department