

Signature:

## **Authorization for Pre-Tax Payroll Reduction** Enrollment Deadline is <u>5/31/2023</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 confirmation.)

New Enrollees: Complete & return this form to CPA via e-mail (info@cpa125.com) or fax (781-848-8477).

		Town of Chalmafand			d	
Participant Name:	Employer:	7/1/2023 to 6/30/2024				
Mailing Address:	Plan Year:					
		(for expenses incurr an additional 75 days	ed betwe for Healt	een these dates th Care FSA expe	, plus enses)	
City/Town, State, ZIP:	SSN:	SSN: DOB:		B:		
E-Mail:	Daytime Ph	one:			persona work	
Flexible Spending Account (FSA) Benefit Selections:						
Health Care FSA Election: \$ for the plan year for employee, legal spouse, and eligible dependents' qualified medical, dental, vision expenses. Benefit card included.  Max. Annual Election: \$3,050.	Dependent Care FSA Election: \$ for the plan year for qualified childcare expenses of eligible dependents under age 13, and elderly or special needs dependents requiring daycare.  Max. Annual Election: \$5,000. per family					
<b>Grace Period:</b> Participants have an extra 75 days at the end of the						
Ineligibility Note: You are <u>NOT</u> eligible for this plan if you or your	Claim-based plan; participants submit claims for reimburse ment from accrued funds; no benefit card. Participant must submit claim(s) each plan year.					
	re plan informat	ion.				
See Open Enrollment flyer for mo						

• Tax advice: It is suggested you consult with a tax advisor to determine your tax savings and/or limits on tax deductions.

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.