



# FSA New Hire / Change in Status Form

## Authorization for Pre-Tax Payroll Reduction

# Town of Chelmsford

### INSTRUCTIONS:

Complete & return this form to Kim Moore at CPA within 30 days of Date of Hire or Qualified Change Event:

Fax: 781.848.8477 • E-mail: info@cpa125.com

### CPA Use Only:

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

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

### 1 Participant Information:

Date of Hire or Qualified Change

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

Plan Year: **Event Date through 6/30/2024**

(for eligible expenses incurred during this period)

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

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

personal  
 work

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

Alternate E-mail: \_\_\_\_\_

### 2 Job/Payroll Info.:

I work for (check one):

Town

Schools

I am paid (check one):

Bi-weekly 26

Bi-weekly 21

### 3 Date of Hire or Qualified Change: \_\_\_\_\_

4 Qualified Event (check one):  New Hire  Marriage  
 Return from Leave of Absence

Divorce

Birth/Adoption

Other: \_\_\_\_\_

### 5 New Benefit Elections for REMAINDER of the Plan Year:

Health Care FSA Account (\$3,050 annual maximum)

FSA benefit card included. For eligible health care, dental, and vision expenses. Health Care FSA plan has a 75-day grace period for available balances at end of the plan year.

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

**Ineligibility Note:** Per IRS rules, if you or your spouse have a Health Savings Account ("HSA"), you are not eligible for the Health Care FSA plan.

Dependent Care FSA Account (\$5,000 annual maximum)

For qualified childcare expenses for eligible dependents (as defined by the IRS) under age 13 and/or elder daycare as needed for the participant to be able to work. Confirm eligibility prior to enrolling. Claim-based reimbursement plan; reimbursements 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. 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.
- 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: \_\_\_\_\_