



CAFETERIA PLAN ADVISORS, INC.
420 Washington St., Ste. 100
Braintree, MA 02184
Tel.: 781-848-9848

Authorization for Pre-Tax Payroll Reduction

Enrollment Deadline is 6/11/2021

*** Late Enrollments not Accepted. ***

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

Already in Plan: Enroll for the new plan year **online** via your account portal. Go to www.cpa125.com, Sign In: Employee Online Access, log into your account, select ENROLL, and follow steps.

1 Personal Information:

Participant Name: _____ **Employer:** **City of Malden**

Mailing Address: _____ **Plan Year:** **7/1/2021 to 6/30/2022**
(Expenses must be incurred between these dates)

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

E-Mail: _____ **Daytime Phone:** _____ personal
 work

2 Payroll Info: I am a (check one): **Municipal or School Employee, 26 pd EE (25 payroll deductions 07/16/2021 - 06/17/2022)**
 School Employee, 21 pd EE (21 payroll deductions 09/10/2021 - 06/17/2022)

3 Flexible Spending Account (FSA) Benefit Selections:

Health Care FSA Election: \$ _____ for plan year for employee, legal spouse, and eligible dependents' qualified medical, dental, vision expenses. *Benefit card included.*

Max. Annual Election: \$2,750

Rollover Option: Any unspent Health Care balance - **up to \$550** - will roll over to the next plan year if you re-enroll for the next plan year.

Ineligibility Note: You are **NOT** eligible for this plan if you or your spouse have a Health Savings Account ("HSA").

Dependent Care FSA Election: \$ _____ for plan year for qualified childcare expenses of eligible dependents under age 13, and elderly or special needs dependents requiring day care.

Max. Annual Election: \$5,000 per family

Dependent Care Claim Form must be submitted to CPA by start of each new plan year.

Claim-based plan; no benefit card. Participants must submit claim(s) each plan year to receive accrued funds.

Annual FSA admin fee of \$72 (\$60 for Dependent Care only) is paid via payroll deduction. See Open Enrollment flyer for more plan info.

4 Direct Deposit Info. Direct deposit is Cafeteria Plan Advisors' preferred method of expense reimbursement. Unless your banking info is already on file with Cafeteria Plan Advisors, please set up direct deposit: **1) Attach a voided check** to this form; or **2) Set up direct deposit** online via your account portal once you receive enrollment confirmation.

5 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. FSA expenses must be consistent with allowable deductions under Internal Revenue Service (IRS) Publication 969, and funds may be forfeited in accordance with the same publication if eligible balance isn't incurred and/or submitted for reimbursement by plan year deadline.
- All claims for the Plan Year must be submitted within ninety (90) days of the end of the Plan Year.
- Your Health Care FSA plan has a **Rollover option**. Eligible balances roll over to the next plan year when you re-enroll in the Health Care FSA for the new plan year and the rollover occurs after the current plan year's 90-day runout period ends.
- **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.**
- **Health Care FSA cards**, if offered through your employer's plan, **will reload** at the start of each plan year when you re-enroll; keep until they expire.
- 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:** _____

A system-generated e-mail confirmation will be sent once your enrollment is processed.

Dependent Care Claim

Certification Form

Flexible Spending Account

Cafeteria Plan Advisors, Inc.
420 Washington Street, Suite 100
Braintree, MA 02184
www.cpa125.com



Email: info@cpa125.com
Phone: 781-848-9848
FAX: 781-848-8477

Plan Year: _____

Employee Name: _____

Employer: _____

Mailing Address: _____

SSN (Last four) XXX-XX-_____

City, State, Zip: _____

Participant Phone: _____

Check if New Address

Email: _____

Eligible Dependents:

The dependent care expenses must be employment related. Dependents eligible for FSA funding:

- Must be under age 13
- Physically or mentally incapacitated
- Reside with Participant
- Qualify as Dependent under IRS code section 151(c)
- Earn less than \$3800 per year unless qualifying child

Dependent Information:

Dependent Name	Relationship	Date of Birth	Dependent Name	Relationship	Date of Birth

Day Care Facility or Individual who provides care:

Name: _____ Name: _____

Address: _____ Address: _____

Corporate or Individual Tax ID (Required): _____ Corporate or Individual Tax ID(Required): _____

Claim Amount: \$ _____

Dates of Service: _____ - _____
Beg End

This is to certify that I, the undersigned, have incurred expenses that qualify under IRC section 129 "Dependent Care Assistance Programs." I have not been, and will not be reimbursed for these expenses by any source, including, but not limited to, insurance, this plan, or other programs offered by my, or my spouses, employer. I understand these expenses may no longer be claimed as deductions for income tax purposes since I am requesting reimbursement with funds deducted from my compensation on a pre-tax basis. The undersigned reaffirms that all eligibility criteria set forth by the IRS, found on the reverse side of this form and at www.cpa125.com, continue to be met at the time these dependent care expenses were incurred. I acknowledge that I am solely liable for any taxes or penalties on ineligible expenses processed through the dependent care plan. I, and only I, am responsible for the accuracy and validity of the submitted expenses. It is my responsibility to retain ALL receipts. I hereby authorize Cafeteria Plan Advisors, Inc. to reimburse me for the "Claim Amount" listed above, and, if applicable, reaffirm the authorization provided to Cafeteria Plan Advisors, Inc. to directly deposit the reimbursement into my bank.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

Return page 1 via mail, fax, or email to info@cpa125.com

Section 125 Dependent Care Eligibility Worksheet

	Yes	No
Married (as defined by IRS)?	<input type="checkbox"/>	<input type="checkbox"/>
If married, is your spouse employed?	<input type="checkbox"/>	<input type="checkbox"/>
If married, do you file a joint tax return?	<input type="checkbox"/>	<input type="checkbox"/>
If married, does your spouse have a Dependent Care Plan?	<input type="checkbox"/>	<input type="checkbox"/>
If not employed, is spouse		
Full-time student (5 months)	<input type="checkbox"/>	<input type="checkbox"/>
Disabled and unable to care for self/children	<input type="checkbox"/>	<input type="checkbox"/>

- ✓ If your spouse is not employed and is not actively seeking employment, you are not eligible for the Dependent Care plan unless he or she is a full-time student or is disabled.
- ✓ If your spouse has a dependent care plan, your combined election may not exceed \$5,000
- ✓ Funds not claimed for will be forfeited or otherwise handled in accordance with the plan document and the current IRS regulation.
- ✓ **IRS form 2441 should be filed with your tax form 1040 when dependent care has been deducted from your pay. The Dependent Care deduction should be shown in box 10 of the W2 form from your employer.**

Dependent Care Reimbursement Plan Guidelines

Employer provided dependent care assistance is tax-free only if the following conditions are met:

1. Each individual for whom you receive dependent care assistance is;
 - a. A dependent under the age of 13 whom you are entitled to claim as a dependent on your tax return, or
 - b. A spouse or other tax dependent who is physically or mentally incapable of caring for him or herself.
2. The dependent care assistance is provided for the care of a dependent described above or for the related household service and is incurred to enable you to be gainfully employed.
3. If the dependent care services are provided outside your household, they are incurred for the care of a dependent who is described in 1.a) above or who regularly spends at least 8 hours per day in your household.
4. If the dependent care is provided by a dependent care center (i.e. a facility that provides care for more than 6 individuals not residing at the facility) the center complies with all applicable state and local laws and regulations.
5. If the services are provided by a camp, the dependent does not stay overnight at the camp.
6. Payment for the services are not made to a child of yours who is under the age of 19 at the end of the year for which the expenses are incurred or to an individual for whom you or your spouse is entitled to a personal tax exemption as a dependent.
7. The reimbursement (or fair market value of the dependent care expenses) are provided for the applicable year and may not exceed the least of the following limits:
 - a. \$5000 (\$2500 if you are married and do not file a joint tax return for the year).
 - b. Your taxable compensation (after any reductions under the 401(k) plan, dependent care assistance plan and medical/dental plans).
 - c. If you are married, your spouse's actual deemed earned income.

*For purposes of 7.a) above, if two employees are married to each other and file a joint tax return, a single \$5000 limit applies to both spouses together. For purposes of 7.c) above, your spouse will be deemed to have earned income of \$200 (\$400 if you have 2 or more dependents described in paragraph 1) above, for each month in which your spouse is: physically or mentally incapable of caring for him or herself or a full time student at an educational institution. For all purposes of paragraph 7) above, certain separated spouses are not treated as married.

8. You must report to the IRS on your tax return the name, address and social security number (or other tax payer identification number, if required) of any dependent care service provider who provides services to you during the relevant calendar year).
9. If your Dependent Care needs experience a qualifying change during the plan year, you may make election changes within 30 days of the qualifying change.
10. Participation in the Dependent Care Spending Account will limit your reporting on your IRS taxes.
11. If you elected and were reimbursed more than your dependent care costs, you may need to report the difference on your taxes. It is suggested you contact a Tax Advisor.
12. All claims must be submitted within 90 days after the plan year ends or your termination date.