Cafeteria Plan Advisors, Inc.
420 Washington St. Suite 100
Braintree, MA 02184
Phone 781.848.9848
Fax 781.848.8477
info@cpa125.com

AUTHORIZATION FOR PRE-TAX PAYROLL REDUCTION

FORM MUST BE RETURNED TO SUE MCDONOUGH BY THE DEADLINE OF 4:30 PM ON 12/1/2017

Personal Information

Name:	***Employer:*** **TOWN OF WEYMOUTH**	
Street:	***Plan Year:*** **1/1/2018-12/31/2018**	
City, State, Zip:	***SSN:***	***DOB:***
Email:	***Phone:***	

Benefits Selected

☐ **FSA Dependent/ Day Care Account**

I elect to contribute $ _____ for the Plan Year.
($5,000 maximum)
Confirm eligibility criteria prior to enrolling.

A new Dependent Care Cert Form must be completed to resume automatic reimbursements.

☐ **FSA Medical/Dental Care Account**

I elect to contribute $ _____ for the Plan Year.
($2,500 maximum)
Includes pre-paid debit card.

Additional or Replacement cards will be charged a fee debited out of your Flexible Spending Account.

Direct Deposit Information (required if not on file with Cafeteria Plan Advisors, Inc.)

I hereby authorize Cafeteria Plan Advisors, Inc. to deposit my claim reimbursements directly to my bank. I also authorize drafts to adjust any over deposits that were credited to my account in error. I will contact Cafeteria Plan Advisors, Inc. immediately with any bank information changes.

Name of Bank:	***Checking*** ☐ ***Savings*** ☐
Routing Number (9 digits):	***Account Number:***

Certification

I hereby authorize a salary reduction agreement for the amount(s) shown above. I 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 IRS Publication 969 if eligible expenses are not submitted for reimbursement by plan year deadline or purchased utilizing the provided debit card (if applicable). If terminated, expenses may be incurred through termination date.
- Dependents must qualify under regulations set forth in IRC sections 152 and 129.
- Expenses must be consistent with allowable medical deductions under IRS Publication 969.
- This election cannot be revoked or changed during the plan year without a qualifying event as defined by the IRS.
- **Current participants must re-enroll each plan year.**
- **Dependent Care Plan Participants only**: I, the undersigned, certify that I have read the Dependent Care Reimbursement Plan Guidelines (www.cpa125.com) and meet all requirements necessary to participate in the FSA Dependent Care plan. The undersigned agrees to notify the plan administrator in writing within 30 days should the undersigned no longer meet eligibility as mandated by the IRS. Dependents must qualify under IRC section 152.
  It is suggested you consult with a tax advisor since your participation will limit your ability to claim on your IRS taxes.
- It is suggested you consult with a tax advisor since participation will limit your ability to claim on your IRS taxes.
- If you or your spouse is "contributing" to a Health Savings Account (HSA), you are NOT ELIGIBLE FOR FSA Health Care Account.

Please see www.cpa125.com to download forms or for more information regarding the Flexible Spending Accounts. Rev. 10-2017

SIGNATURE _____ ***DATE*** _____

MEDICAL REIMBURSEMENT ESTIMATED EXPENSES

Use this worksheet to estimate how much to contribute to your account for the next plan year. ***Plan carefully***. IRS regulations require that unused funds remaining in your account after year-end must be forfeited. In other words, what you do not use, you will lose.

Remember; do not include amounts paid by your insurance or amounts you intend to claim as itemized medical deductions on your annual income tax return. .

Everyday Medical Expenses Not Covered by Insurance
(Include each family member – dependents)

Dental (no bleaching or veneers) _____

Vision (Laser surgery, glasses, contacts, exams) _____

Prescription drugs (non-reimbursed, co-pays) _____

_____

Expenses Within Your Medical coverage

Deductibles (Amount paid before the plan Begins to pay) _____

Co-Insurance (Percent of bill paid after Deductible is met) _____

Other _____

Special Expenses

Chiropractor sessions _____

Other _____

Total Estimated Annual Expenses _____

Flexible Spending Open Enrollment Period

TOWN OF WEYMOUTH **Now through 11/30/2017**

What is Flexible Spending?

Flexible Spending Account plans are a tremendous opportunity for you to enhance your benefits package. Your employer is aware that these are highly beneficial programs and wants all of its employees to have the opportunity to participate in an IRS Section 125/Flexible Spending Account Plan administered by Cafeteria Plan Advisors, Inc.

Most employees pay for dependent care and health/dental care expenses on an after tax basis. Flex programs allow you to set aside a portion of your paycheck tax free to pay for these eligible expenses. The result is a reduction in your taxable income, which will give you an increase in your take home pay. Don't miss out on this opportunity to save an average of 30%, depending on your tax status!

Health Care/Dental Account

Employees may set aside up to **$2,500** per plan year to pay for out-of-pocket health care/dental expenses for themselves and their family members. Examples include:

- Copays for office visits and prescription drugs
- Health and Dental Deductibles
- Orthodontia and other dental expenses
- Contact Lenses, eye glasses, laser eye surgery
- Visits for Chiropractic Care or Acupuncture

If you or your spouse are 'contributing' to a Health Savings Account (HSA), you are NOT ELIGIBLE for the FSA Health Care Account.

Dependent Care Account

Employees can set aside up to **$5,000** per plan year to pay for out-of-pocket dependent care expenses for children under the age of 13 or elderly parents. This includes:

- Day Care
- Before School Care & After School Care
- Summer Day Camp
- Elder Care

Although you can claim dependent care expenses when you file your taxes, in most cases, people are able to save more money this way. Dependent Care participants must complete a Dependent Care Claim Form each new plan year for reimbursement.

PLAN YEAR

1/1/2018–12/31/2018

Benny Card

Health Care Account FSA participants will receive 2 debit "Benny" cards. Your spouse or IRS dependent can sign the second card. Cards arrive pre-loaded with the amount you elected, and can be used the first day of the plan year. You may use your debit card to pay for eligible expenses at the point of sale.

Do not throw your cards away when you have exhausted your election *– when you re-enroll in the following plan year, your new election value will be added to your existing card.*

Did you know?

There are many types of medical expenses that can qualify for FSA reimbursement. Be sure to review the List of Eligible Expenses on our website.

How it Works:

- It's as simple as using the 'available funds' in your account that are loaded on to your BENNY Card, or just saving your receipts and submitting them, along with the Health Care Expense Claim Form to Cafeteria Plan Advisors.
- Participants are required to have the funds 'available' in your account. Reimbursements or the debit card will not work if an amount exceeds your current balance!
- Expenses must be incurred (not paid) within the plan year.
- Current Participants must re-enroll each new plan year to continue in the flex plan.

How to Enroll?

Current Participants – Online Enrollment using the Consumer Portal

- Visit our website to access the Consumer Portal
- Enter your Username (first initial, last name and last 4 digits of SSN# **(example: jsmith6266)**
- Enter your Password. *Please Note: If you have never accessed the Consumer Portal, you will enter your Username in this field as well, and this will gain you access for the first time. You will be prompted to then create a new password.*
- Click "Enroll Now" to begin your enrollment process.

**Note: These amounts, which are set by the IRS, may change after the distribution of this flyer. Tax savings based on individual circumstance.*

New Enrollee's - Paper Enrollment:

- Complete the FSA Enrollment Authorization form provided along with this document.
- Complete the form and return it to SUE MCDONOUGH no later than 4:30pm November 17th

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
- -Reside with Participant
- -Physically or mentally incapacitated
- -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

Please return only the first page of the claim form to Cafeteria Plan Advisors, Inc.

Section 125 Dependent Care Eligibility Worksheet

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

✓ 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.

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