

Sign up **NOW**
for the
2024–2025
Plan Year!

Flexible Spending Benefits

Town of East Bridgewater

One of the Few Gifts the IRS Gives!

Discover the benefit that **SAVES YOU MONEY**. This perk allows you to set aside a portion of your pay—**BEFORE TAXES**—to cover out-of-pocket expenses in these categories:

- ◆ **HEALTH CARE.*** Eligible expenses and services include: non-cosmetic medical, dental, and vision care services; prescription medications; over-the-counter ‘medicines’ (not vitamins or supplements); orthodontics, prescription eyeglasses, contact lenses, laser eye surgery; mental health services; alternative health therapies (e.g. chiropractic, acupuncture), and **MORE!**

Max. Annual Health Care Election: \$3,200.

Who’s Covered? You, your legal spouse, and your dependents as defined by the Internal Revenue Service, including those claimed on your tax return and adult children under age 26.

Benefit Cards. For employer plans that offer the benefit card, new Health Care FSA enrollees will receive **2 cards** that can be used at most medical facilities, dental offices, optical shops, and pharmacies to pay for eligible expenses. **Keep your cards!** They will reload each plan year that you enroll.

Rollover Option. Health Care FSA balances—**up to \$640**—will roll over to the next plan year as long as you re-enroll for that new plan year. Funds roll over after the prior plan year’s 90-day run-out deadline. (Note: The rollover max. for the 2023-24 plan year is **\$610**; re-enrollment required.)

HSA Ineligibility. If you or your spouse have a Health Savings Account (‘HSA’), you are **NOT** ELIGIBLE to participate in the Health Care FSA plan.

- ◆ **DEPENDENT CARE.**** For qualified **day care** expenses for dependents (as defined by the IRS) under age 13, elderly dependents, and dependents with special needs. Eligible expenses include day care, pre-school, before/after school care, day camp, and elder daycare. *Claim-based reimbursement plan (no benefit card); participants must submit claim(s) to receive accrued funds.*

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

Make Your
Money Go

UP
TO **30%**

Further!

depending on your
tax status

Enroll by **5/1/2024**
for the
7/1/2024 – 6/30/2025
Plan Year***

Already in the FSA Plan?

Re-enrollment is **NOT** automatic!

► **Re-enroll** via your online account portal—*not the mobile app!* Go to cpaemployee.lh1ondemand.com and log-in on the **LEFT** side of the sign-in screen. On your account home-page, click the blue **Enroll/Re-enroll** button and follow the steps to enroll for the new plan year; be sure to click **Submit** at the end of the process. (Printing or saving your enrollment confirmation is recommended.)

► **New to the FSA Plan?** Complete the “Authorization for Pre-Tax Payroll Reduction” form and send it to the **Treasurer-Collector’s office** by the deadline date shown above.

Track Your Account and File Claims 24/7!

Log in to your **employee portal** via our website (www.CPA125.com), or use our app: **CPA Flex Mobile**.

*The annual FSA administrative fee is paid by your employer, so you save **even more!***

* Not all Health Care expenses are FSA-eligible, such as: cosmetic procedures or products (e.g. Botox, teeth whitening, veneers, etc.), couples/family counseling, general health/wellness expenses (i.e., toothbrushes, toothpastes, non-prescription sunglasses, gym dues, etc.), and federally non-permissible products. Some healthcare-related expenses, such as medical equipment and some services, may require a physician’s Letter of Medical Necessity in order to be FSA-eligible. Visit <https://fsastore.com/CPAEligibility> for more info. on specific products and services.

** Overnight camp and school tuition for kindergarten and above are not FSA-eligible; day camp is eligible when utilized as a form of childcare in order for the parent(s)/guardian(s) to be able to work; extra-curricular and enrichment programs/activities that aren’t daycare/childcare-based are not eligible; money paid to a childcare provider who doesn’t report it as income on their taxes is not FSA-eligible.

*** Cafeteria Plan Advisors holds flex-spending (FSA) funds until eligible expenses are incurred and claim(s) submitted. Funds may be forfeited in accordance with IRS Publication 969 if eligible expenses are not incurred by the plan year deadline through the use of the provided debit card (if applicable) or claim submission, or the date upon which employment ends, whichever comes first.



CAFETERIA PLAN ADVISORS
120 Longwater Dr., Ste. 102
Norwell, MA 02061
Tel.: 781-848-9848

Authorization for Pre-Tax Payroll Reduction

Open Enrollment is April 3 to May 1, 2024.

*** Enroll/Re-enroll deadline is 5/1/2024. 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 **Treasurer-Collector's office** by the deadline date shown above.

1 Personal Information:

Participant Name: _____

Employer: **East Bridgewater**

Mailing Address: _____

Plan Year: **7/1/2024 to 6/30/2025**
(Expenses must be incurred between these dates)

City/Town, State: _____

ZIP: _____

SSN: _____

DOB: _____

E-Mail: _____

Daytime Phone: _____

☐ personal

☐ work

2 I work for (check one): ☐ Town ☐ Schools → I am paid (check one): ☐ Weekly 48 ☐ Bi-weekly 24 (year-round) ☐ Bi-weekly 21

3 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: \$3,200.

Rollover Option: Any unspent Health Care balance—**up to \$640**—will roll over to the next plan year if you re-enroll for the next plan year. (Note: The max. rollover for the 2023-2024 plan year is **\$610**; re-enrollment is required for funds to roll over.)

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 the 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.

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

See Open Enrollment flyer for more plan information.

4 **Direct Deposit Info.** Direct deposit is our preferred method of expense reimbursement. Unless your banking info. is already on file with Cafeteria Plan Advisors, please 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 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 within the plan year or the date upon which employment ends, whichever comes first.
- 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 runoff 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.