



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 11/30/2021.**

**\* Late Enrollments not Accepted. \***

**INSTRUCTIONS: New Enrollees:** Complete and return form to **NPS Human Resources** by the deadline date shown above.

**If Already in Plan:** Enroll **online via your account portal**. Go to [www.cpa125.com](http://www.cpa125.com); click *Sign In: Employee Online Access*, log in to your account; select **ENROLL/RE-ENROLL**, follow the steps and click *Submit* at the end. When done, a confirmation message will appear.

## 1 Personal Information:

Participant Name: \_\_\_\_\_ Employer: **Newton Public Schools**

Mailing Address: \_\_\_\_\_ Plan Year: **1/1/2022 to 12/31/2022**  
(plus 75-day Grace Period for Health Care FSA)

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

E-Mail: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  personal  
 work

## 2 Employment/Payroll Info.:

I am paid (check one):  SM (24)  SM (21)  SM (20)  W(52) → Employee No.: \_\_\_\_\_

## 3 Flexible Spending Account (FSA) Benefit Selections:

<input type="checkbox"/> <b>HEALTH CARE Election:</b> \$_____ for the <b>plan year</b> for employee, legal spouse, and eligible dependents' qualified medical, dental, and vision expenses. <b>Annual Max. Election: \$2,750.</b> <i>Benefit card included. Note: You are NOT ELIGIBLE for this plan if you or your spouse contribute to a Health Savings Account ("HSA").</i>	<input type="checkbox"/> <b>DEPENDENT CARE Election:</b> \$_____ for the <b>plan year</b> for qualified childcare of dependents under age 13 and dependents with special needs (e.g., elder day care). <b>Annual Max. Election: \$5,000. per family.</b> <i>Claim-based reimbursement plan. Must submit claim(s) each plan to receive accrued funds.</i>
<input type="checkbox"/> <b>TRANSIT Election:</b> \$_____ for the <b>plan year</b> for the participant's mass-transit expenses to commute to/from work. <b>Annual Max. Election: \$3,240.</b> (\$270. monthly max.) <i>Benefit card included. Spouse/dependent expenses are not eligible. Not for tolls, taxis, car/ride-hail services (except vanpool). Benefit card draws from your accrued Transit funds.</i>	<input type="checkbox"/> <b>PARKING Election:</b> \$_____ for the <b>plan year</b> for parking expenses at the participant's place of work or mass-transit lot. <b>Annual Max. Election: \$3,240.</b> (\$270. monthly max.) <i>Benefit card included. Spouse/dependent expenses are not eligible. Benefit card draws from your accrued Parking funds.</i>
<p><b>Note:</b> For Transit &amp; Parking plans, federal law allows up to \$270 per month to be pre-tax; Comm. of Mass. allows up to \$140 per month pre-tax.</p>	

**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 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.
- **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](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:** \_\_\_\_\_

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