



CAFETERIA PLAN ADVISORS

— An Alera Group Company —

Tel.: 781-848-9848 | CPA125.com

New Hire / Change in Status Form

Flexible Spending Pre-Tax Payroll Reduction Authorization

Dennis-Yarmouth Reg. School District

INSTRUCTIONS: Complete & return this form to **Human Resources** **within 30 days** of your Date of Hire or Qualified Event.

H.R. Use Only:

First P/R Deduction Date: _____

Per Pay-Period Amount: \$ _____

1 Personal Information:

Participant Name: _____

Plan Year: **Date of Hire -or- Date of Qualified Change through 9/30/2024**

(for expenses incurred between these dates, plus an additional 75 days for Health Care FSA expenses)

Mailing Address: _____

Social Security No.: _____

City/Town, State: _____ ZIP: _____

Date of Birth: _____

E-Mail: _____

Daytime Phone: _____ ☐ personal ☐ work

2 I am paid (check one): ☐ Bi-weekly 25 ☐ Bi-weekly 21 ☐ Bi-weekly 20 ☐ Other: _____

3 Date of Hire or Qualified Change Event: _____

4 Eligibility Event (check one): ☐ New Hire ☐ Marriage ☐ Divorce ☐ Birth/Adoption
☐ Return from Leave of Absence ☐ Other: _____

5 New Benefit Elections for REMAINDER of the Plan Year:

☐ **FSA Health Care Account (\$2,000 maximum)**

FSA benefit card included for the Health Care account. 75-day grace period in effect for this plan year for the Health Care account. **Ineligibility Notice:** Under IRS rules, if you or your spouse have a Health Savings Account ("HSA") you are not eligible for a Health Care flex-spending account (FSA).

Election for Remainder of Plan Year: \$ _____

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

For qualified childcare of dependents (as defined by the Internal Revenue Service) under age 13 and elder day care. Confirm eligibility prior to enrolling. Claim-based reimbursement plan; no benefit card; must submit claim form(s) to receive 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.
- Participants must re-enroll each plan year; re-enrollment is not automatic. Similarly, Dependent Care claims must be submitted each plan year.
- Health Care FSA cards reload at the start of each plan year each time you re-enroll; to avoid a new card fee do not discard your cards until they expire, even if you take a break from the plan.
- 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
- 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 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: _____

Employer: Complete deduction section at top & send to CPA by e-mail (info@cpa125.com) or fax (781.848.8477).