



CAFETERIA PLAN ADVISORS
 – An Alera Group Company –
 Tel: 781-848-9848
 www.cpa125.com

New Hire / Change in Status Form

Flexible Spending Pre-Tax Payroll Reduction Authorization

Town of Somerset

INSTRUCTIONS: Complete and return this form to **Human Resources** within 30 days of date of hire or date of 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 Event through 12/31/2026**
(Expenses must be incurred between these dates.)

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 Bi-weekly Para

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 (\$3,400 annual maximum)
 For eligible health, dental, and vision expenses. Any unspent balance for the plan year—*up to \$680*—can roll over to the next plan year provided you re-enroll in the Health Care FSA for that new plan year. Benefit card included.
Ineligibility Notice: *If you or your spouse have a Health Savings Account (HSA), you are not eligible for the Health Care FSA plan.*

Election for Remainder of Plan Year: \$ _____

FSA Dependent Care Account (\$7,500 annual max. per family)
 For qualified **day care** expenses for your eligible dependents (as defined by the IRS and included on your tax return) under age 13, elderly dependents, and dependents with special needs. Confirm eligibility prior to enrolling. Claim-based reimbursement plan (no benefit card); must submit claims 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:*

- 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.
- **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.
- All claims for the Plan Year must be submitted within ninety (90) days following the end of 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 claim submission ("runout") period has ended.
- Annual FSA administrative **fee of \$72** is paid via paycheck deduction and prorated for time in-plan.
- 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:** _____

Human Resources: Complete top of form & send to CPA via e-mail (info@cpa125.com) or fax (781-848-8477).