



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 Bridgewater

INSTRUCTIONS: Complete & return this form to **Julie Lavoie** in 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 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 Date of Hire or Qualified Change Event: _____

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

4 New Benefit Elections for REMAINDER of the Plan Year:

☐ **FSA Health Care Account (\$3,400 annual maximum)** Election for **Remainder of Plan Year:** \$ _____

For employee, legal spouse, and eligible dependents' qualified 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.

☐ **FSA Dependent Care Account (\$7,500 annual max. per family)** Election for **Remainder of Plan Year:** \$ _____

For qualified daycare expenses for your eligible dependents (as defined by the IRS) under age 13, elderly dependents, and dependents with special needs. Confirm eligibility prior to enrolling. This is a claim-based reimbursement plan (no benefit card); participants must submit claim(s) each plan year to receive accrued funds.

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.
- 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.
- Your Health Care FSA plan has a **Rollover option**. Eligible balances up to the maximum amount shown above may roll over to the next plan year provided you have re-enroll in the Health Care FSA for that new plan year. Rollovers occur after the prior plan year's 90-day claim submission ("runout") period has ended.
- All claims for the Plan Year must be submitted within ninety (90) days following 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).