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

Authorization for Pre-Tax Payroll Reduction

Open Enrollment is Nov. 3rd – Nov. 26th, 2025.

*** The Deadline to Enroll or Re-enroll is 11/26/2025. ***

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 CPA** via **e-mail** (info@cpa125.com) or **fax** (781-848-8477).

❶ Personal Information:

Participant Name: _____ **Employer:** **Town of Hingham**

Mailing Address: _____ **Plan Year:** **1/1/2026 to 12/31/2026**
(Expenses must be incurred between these dates)

City/Town, State: _____ **ZIP:** _____ **SSN:** _____ **DOB:** _____

E-Mail: _____ **Daytime Phone:** _____ ☐ personal ☐ work

❷ Employment Info.:

I am a *(check one):* ☐ Town Employee ☐ School Employee

I am paid *(check one):* ☐ Weekly 52 ☐ Weekly 36 *School only* ☐ Bi-weekly 26 *School only* ☐ Bi-weekly 21 *School only*

❸ 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: $3,400.

Rollover Option: Any unspent Health Care balance—***up to $680***—will roll over to the next plan year if you re-enroll for the next plan year. (Note: The max. rollover for the 2025plan year is $660; re-enrollment required.)

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 **day care** expenses for eligible dependents (as defined by the IRS) under age 13, and elderly or special needs dependents requiring day care.

Max. Annual Election: $7,500 per family.

This is a claim-based reimbursement plan (no benefit card). Participants must submit claim(s) each plan year to receive accrued funds.

Annual FSA administrative fee – Town employees & School paraprofessionals only $60/year, paid through payroll deduction.

❹ Direct Deposit Info.

Direct deposit is our preferred method for claim reimbursement. If your banking info. is not on file with Cafeteria Plan Advisors, please set up direct deposit online via your account portal once you receive enrollment confirmation.

❺ 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.
- All claims for the Plan Year must be submitted within ninety (90) days following 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 claim submission ("runout") 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.

Dependent Care Claim Certification Form — Flexible Spending Account

Cafeteria Plan Advisors
An Alera Group Company
120 Longwater Drive, Suite 102
Norwell, MA 02061
www.cpa125.com

Email: info@cpa125.com
Phone: 781-848-9848
FAX: 781-848-8477

Plan Year: _____

Employee Name: _____ ***Employer:*** _____

Mailing Address: _____ ***SSN (Last four)*** ***XXX-XX-*** _____

City, State, Zip: _____ ***Participant Phone:*** _____

Check if New Address ☐ ***Email:*** _____

Eligible Dependents:

The dependent care expenses must be **employment-related** (incurred in order for the Participant and other caregiver, if applicable, to be able to go to work).
The dependent(s) you are claiming must be one of the following:

1. Your qualifying dependent who is **under age 13**, lived with you for more than half the year, and claimed on your tax return;
2. Your spouse who was not physically or mentally able to care for themselves and lived with you for more than half the year; or
3. A person who wasn't physically or mentally able to care for themself and who lived with you for more than half the year, and either: a) was your dependent; or b) would have been your dependent except that: i. they received gross income of $4,400 or more; ii. they filed a joint tax return; or iii. you—*or your spouse, if filing jointly*—could be claimed as a dependent on someone else's tax return for the taxable year.

Dependent Information:

Dependent Name	Relationship	Date of Birth		Dependent Name	Relationship	Date of Birth

Day Care Facility or Individual who provides care:

Name:	Name:
Address:	Address:
Corporate or Individual Tax ID (Required):	Corporate or Individual Tax ID(Required):

Claim Amount: $ _____ **Dates of Service: _____-_____**
Beg End

Certification. This is to certify that I, the undersigned, have incurred expenses that qualify under IRC section 129 "Dependent Care Assistance Programs." I have not been, and **will not be, reimbursed for these expenses by any other source**, including but not limited to: insurance, this or another Dependent Care plan, other program(s) offered by my or another's employer, or any federal and/or state benefit program. I understand **these expenses may no longer be claimed as deductions for income tax purposes** since I am requesting reimbursement with funds deducted from my compensation on a pre-tax basis. The undersigned reaffirms that all eligibility criteria set forth by the IRS, found on the reverse side of this form and at www.cpa125.com, continue to be met at the time these dependent care expenses were incurred. I acknowledge that I am solely liable for any taxes or penalties on ineligible expenses processed through the dependent care plan. I, and only I, am responsible for the accuracy and validity of the submitted expenses. It is my responsibility to retain ALL receipts. I hereby authorize Cafeteria Plan Advisors to reimburse me for the "Claim Amount" listed above, and, if applicable, reaffirm the authorization provided to Cafeteria Plan Advisors to directly deposit the reimbursement into my bank.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

Return page 1 via mail, fax, or email to info@cpa125.com, or upload to claims submitted electronically.

Please return only the first page of the claim form to Cafeteria Plan Advisors.

Section 125 Dependent Care Eligibility Worksheet

	Yes	No
Married (as defined by IRS)?	☐	☐
If married, is your spouse employed?	☐	☐
If married, do you file a joint tax return?	☐	☐
If married, does your spouse have a Dependent Care Plan?	☐	☐
If not employed, is spouse:		
A full-time student (5 months)	☐	☐
Disabled and unable to care for self/child(ren)	☐	☐

- ✓ If your spouse is not employed and is not actively seeking employment, you are not eligible for the Dependent Care plan unless he or she is a full-time student or is disabled.
- ✓ If your spouse has a dependent care plan, your combined election may not exceed $7,500.
- ✓ Funds not claimed for will be forfeited or otherwise handled in accordance with the plan document and the current IRS regulation.
- ✓ **IRS form 2441 should be filed with your tax form 1040 when dependent care has been deducted from your pay. The Dependent Care deduction should be shown in box 10 of the W2 form from your employer.**

Dependent Care Reimbursement Plan Guidelines

Employer provided dependent care assistance is tax-free only if the following conditions are met:

1. Each individual for whom you receive dependent care assistance is;
    a. A dependent under the age of 13 whom you are entitled to claim as a dependent on your tax return, or
    b. A spouse or other tax dependent who is physically or mentally incapable of caring for him or herself.
2. The dependent care assistance is provided for the care of a dependent described above or for the related household service and is incurred to enable you to be gainfully employed.
3. If the dependent care services are provided outside your household, they are incurred for the care of a dependent who is described in 1.a) above or who regularly spends at least 8 hours per day in your household.
4. If the dependent care is provided by a dependent care center (i.e. a facility that provides care for more than 6 individuals not residing at the facility) the center complies with all applicable state and local laws and regulations.
5. If the services are provided by a camp, the dependent does not stay overnight at the camp.
6. Payment for the services are not made to a child of yours who is under the age of 19 at the end of the year for which the expenses are incurred or to an individual for whom you or your spouse is entitled to a personal tax exemption as a dependent.
7. The reimbursement (or fair market value of the dependent care expenses) are provided for the applicable year and may not exceed the least of the following limits:
    a. $7,500 ($3,750 if you are married and do not file a joint tax return for the year).
    b. Your taxable compensation (after any reductions under the 401(k) plan, dependent care assistance plan and medical/dental plans).
    c. If you are married, your spouse's actual deemed earned income.

    * For purposes of 7.a) above, if two employees are married to each other and file a joint tax return, a single $7,500 limit applies to both spouses together. For purposes of 7.c) above, your spouse will be deemed to have earned income of $250 ($500 if you have 2 or more dependents described in paragraph 1) above, for each month in which your spouse is: physically or mentally incapable of caring for him or herself or a full time student at an educational institution. For all purposes of paragraph 7) above, certain separated spouses are not treated as married.
8. You must report to the IRS on your tax return the name, address and social security number (or other tax payer identification number, if required) of any dependent care service provider who provides services to you during the relevant calendar year).
9. If your Dependent Care needs experience a qualifying change during the plan year, you may make election changes within 30 days of the qualifying change.
10. Participation in the Dependent Care Spending Account will limit your reporting on your IRS taxes.
11. If you elected and were reimbursed more than your dependent care costs, you may need to report the difference on your taxes. It is suggested you contact a Tax Advisor.
12. All claims must be submitted within 90 days after the plan year ends or your employment ends, whichever comes first.

Return page 1 via mail, fax, or email to info@cpa125.com, or upload to claims submitted electronically.

The Dependent Care Flex-Spending (FSA) plan *allows participants to set aside a portion of their pre-tax pay for reimbursement of* ***qualified childcare expenses**** *for your eligible dependent children age 12 and younger who are claimed on your tax return. These include day care, pre-school tuition, before/after-school care, and day camp programs during school breaks (if used as a form of daycare in order for the participant and other caregiver, if applicable, to be able to go to work. This benefit may also be used for daycare for eligible dependents with special needs and elder daycare services.*

How the Dependent Care FSA Benefit Works…

- **Money Comes Out of Your Pay Non-Taxed for Eligible Childcare Expenses.** Your employer sends your non-taxed payroll deductions to Cafeteria Plan Advisors to deposit in your Dependent Care account.

  Your payroll deductions are based on your annual Dependent Care FSA election amount divided by the number of available pay periods in the plan year. The maximum annual election is $7,500 *per family.*

- **You Pay Your Childcare Provider(s).** We don't pay your childcare provider(s). You pay them out-of-pocket and we reimburse your expenses from your available Dependent Care account balance.

  Note: If your childcare provider does not report the money you pay to her/him as income on their taxes or won't provide you with their Tax ID/Social Security number, fees paid to them can't be reimbursed through your Dependent Care FSA account.

- **Accessing Your Dependent Care FSA Monies.** To be reimbursed from the funds that have accrued in your account via payroll deduction, you need to submit a claim(s) for reimbursement. Claims may be filed via fax, e-mail, or online via your account portal or our app.

  Here are your claim submission options—*choose the one that works best for you:*

  1) **Regular, on-going Reimbursements**. If you put in a claim for your full annual election amount right at the start of the plan year, you will receive automatic reimbursements about one week following each paycheck deduction over the course of the plan year.

  2) **Periodic Reimbursements**. You can submit claims periodically, such as monthly, quarterly, or whenever your available balance reaches a dollar amount that suits you (e.g. $500, $1000, etc.).

  3) **Lump-Sum Reimbursement**. You may let your payroll contributions build up over the course of the plan year and submit a claim at the end of the plan year to receive a lump-sum reimbursement of all deductions accrued during the plan year.

  Note: Dates of service must fall within the plan year and while actively employed. All claims must be submitted to Cafeteria Plan Advisors within 90 days following the end of the Plan Year, otherwise the funds may be forfeited under IRS rules.

- **Expense Documentation.** We don't need to see your childcare bills or receipts if you complete the Dependent Care Claim Certification Form and include the provider's name, address, and Tax ID number (SSN if the provider is an individual), but do keep the bills and receipts for tax purposes. Important: Dependent Care expenses that are reimbursed through the Dependent Care FSA plan should NOT be claimed on your tax return as you will have already received the tax benefit on those monies.

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* This benefit is for qualified dependent care expenses incurred for the supervised care of eligible dependents in order for you to be able to go to work. Overnight camp and school tuition for kindergarten and up are not eligible. Extra-curricular and enrichment programs/activities that aren't daycare/childcare-based are not eligible. Nanny services may be eligible. Fees unrelated to the direct care of the dependent(s), such as administrative and registration fees, payment processing or convenience fees, etc., are not reimbursable. Dependent Care Reimbursement Plan Guidelines are governed by the Internal Revenue Service and can be found at CPA125.com. Dependents must qualify under regulations set forth in IRC Sections 152 and 129. Consult with a tax advisor for more info. with regard to your personal tax situation.

Health Care FSA Eligible Expenses

BABY/CHILD TO AGE 13

- Lactation Consultant*
- Lead-Based Paint Removal
- Special Formula*
- Tuition: Special School/Teacher for Disability or Learning Disability*
- Well Baby /Well Child Care

DENTAL

- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia (reimbursable after payment)
- Periodontal Services

EYES

- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

HEARING

- Hearing Aids and Batteries
- Hearing Exams

LAB EXAMS/TESTS

- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

MEDICAL EQUIPMENT/SUPPLIES

- Air Purification Equipment*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment*
- Hospital Beds*
- Mattresses*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes*
- Oxygen*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs*

MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement and Treatment
- Hair Loss Treatment*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)
- Transportation to Medical Facility

MEDICATIONS/DRUGS

- Insulin
- Prescription Drugs
- **Over the Counter Drugs/Medicines, such as Tylenol, Advil, NyQuil, allergy, heartburn, etc.; *not vitamins or supplements*

OBSTETRICS

- Doulas*
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

PRACTITIONERS

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs*
- Hypnosis*
- Massage*
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs* (excluding food)

Items with an asterisk are potentially eligible with a Letter of Medical Necessity from a licensed physician.

The following is a high-level list of OTC items that are *not* medicine or drugs and *are eligible* for purchase with Health Care FSA Plans. *Vitamins & supplements are not eligible.*

Denture Adhesives, Repair, and Cleansers

- PoliGrip, Benzodent, Efferdent

Diabetes Testing and Aids

- Insulin, insulin syringes, Ascencia, One Touch, Diabetic Tussin, glucose products

Diagnostic Products

- Thermometers, blood pressure monitors, cholesterol testing

Elastics/Athletic Treatments

- ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts

Eye Care

- Contact lens care
- Reading Glasses and Maintenance Accessories

Family Planning & Female Menstrual Products

- Pregnancy and ovulation kits
- Tampons/pads/sponges

First Aid Dressings and Supplies

- Band Aid, 3M Nexcare, non-sport tapes *without antiobiotic strip

Incontinence Products

- Attends, Depends, GoodNites for juvenile incontinence

For a detailed and current eligibility list, visit buyFSA or the FSA Store

6.2025