

Enroll within
30 days of
your Qualified
Event

Flexible Spending Benefits Town of Sudbury

One of the Few Gifts the IRS Gives!

Discover the benefit that SAVES YOU MONEY. This perk allows you to set aside a portion of your pay—**BEFORE TAXES**—to cover out-of-pocket expenses in these categories:

- ◆ **HEALTH CARE FSA.*** Eligible expenses & services include: non-cosmetic medical, dental, vision care services; orthodontics; prescription medications; over-the-counter 'medicines' (not vitamins or supplements); prescription eyeglasses, contact lenses, laser eye surgery; mental health services; alternative health therapies (e.g. chiropractic, acupuncture), and **MORE!**

Max. Annual Health Care Election: \$3,300.

Who's Covered? You, your legal spouse (if married), and your eligible dependents as defined by the IRS, including those claimed on your tax return, and your adult children under age 26.

Benefit Cards. New Health Care FSA enrollees will receive **2 cards** that may be used at most medical facilities, dental offices, optical shops, and pharmacies to pay for eligible expenses. **Keep your cards!** They will reload at the start of each new plan year for which you have re-enrolled.

Rollover Option. Health Care FSA balances—**up to \$660**—can roll over to the next plan year as long as you re-enroll for that new plan year. Funds roll over after the prior plan year's 90-day claim submission period ("run out") has closed.

HSA Ineligibility. If you or your spouse have a Health Savings Account ('HSA'), you are **NOT ELIGIBLE** to participate in the Health Care FSA plan.

- ◆ **DEPENDENT CARE FSA.**** For qualified **day care** expenses for eligible dependents (as defined by the IRS) under age 13, elderly dependents, and dependents with special needs. Eligible expenses include day care, pre-school, before/after school care, day camp, and elder day care. *Claim-based reimbursement plan (no benefit card); participants must submit claim(s) each plan year to receive accrued funds.*

Max. Annual Dep. Care Election: \$5,000 per family.

The annual FSA administration fee of \$60 is paid via payroll deduction and pro-rated based on time in-plan.

* Not all Health Care expenses are FSA-eligible, such as: cosmetic procedures or products (e.g. Botox, teeth whitening, veneers, etc.), couples/family counseling, general health/wellness expenses (i.e., toothbrushes, toothpastes, non-prescription sunglasses, gym dues, etc.), and federally non-permissible products. Some healthcare-related expenses, such as medical equipment and some services, may require a physician's Letter of Medical Necessity in order to be FSA-eligible. Visit <https://fsastore.com/CPAEligibility> for more info. on specific products and services.

** Overnight camp and school tuition for kindergarten and above are not FSA-eligible; day camp is eligible when utilized as a form of childcare in order for the parent(s)/guardian(s) to be able to work; extra-curricular and enrichment programs/activities that aren't daycare/childcare-based are not eligible; money paid to a childcare provider who doesn't report it as income on their taxes is not FSA-eligible.

*** Cafeteria Plan Advisors holds flex-spending (FSA) funds until eligible expenses are incurred and claim(s) submitted. *Funds may be forfeited in accordance with IRS Publication 969 if eligible expenses are not incurred by the plan year deadline through the use of the provided debit card (if applicable) or claim submission, or the date upon which employment ends, whichever comes first.*

For eligible expenses
incurred between your
Qualified Event Date
and **6/30/2026**.***

To ENROLL or MAKE QUALIFIED CHANGE(S): Complete a *New Hire/Change of Status Form* & return it **within 30 days** of your Date of Hire or Qualified Event.

Note: Re-enrollment is **not automatic!**

To participate in the FSA plan(s) beyond the end of the current plan year noted above, you must **actively re-enroll** during the annual open enrollment period in the spring.

Track Your Account and File Claims 24/7!

Log in to your **employee portal** via our website (www.CPA125.com), or use our app: **CPA Flex Mobile**.

Set up Direct Deposit

Direct deposit the quickest, most efficient reimbursement method when submitting claims for eligible, out-of-pocket expenses. Please add your banking info. to your online account profile once you receive your enrollment confirmation e-mail.



CAFETERIA PLAN ADVISORS
Tel.: 781-848-9848 | CPA125.com

New Hire / Change in Status Form

Flexible Spending Pre-Tax Payroll Reduction Authorization

Town of Sudbury

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

P.R. Use Only:

First P/R Deduction Date: _____
Per Pay-Period Amount: \$ _____

1 Personal Information:

Participant Name: _____

Date of Hire -or- Date of Qualified
Plan Year: Change through 6/30/2026
(for expenses incurred between these dates)

Mailing Address: _____

Social Security No.: _____

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

Date of Birth: _____

E-Mail: _____

Daytime Phone: _____ personal
 work

2 I work for (check one): Town Schools → **I am paid (check one):** Bi-weekly 26 Bi-weekly 21

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 (\$3,300 annual maximum) Election for Remainder of Plan Year: \$ _____

For qualified non-cosmetic health, dental, and vision expenses for the participant, your legal spouse (if married), and your eligible dependents (as defined by the IRS) including those named on your tax return and your adult children under age 26. *Benefit card incl.*

Rollover Option: Any unspent balance for the plan year—*up to \$660*—can roll over to the next plan year provided you re-enroll in the Health Care FSA for that new plan year.

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 (\$5,000 annual max. per family) Election for Remainder of Plan Year: \$ _____

For qualified day care expenses for dependents (as defined by the IRS) under age 13, elderly dependents, and dependents with special needs. Confirm eligibility prior to enrolling. *Claim-based reimbursement plan (no benefit card); participants must submit claim(s) each plan year for reimbursement of eligible expenses from accrued funds.*

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 (if applicable) 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 new plan year for which you re-enroll. A nominal fee applies for additional or replacement cards.
- Your Health Care FSA plan has a **Rollover option**. Eligible balances roll over to the next plan year provided you re-enroll in the Health Care FSA plan for the new plan year. Rollovers take place after the current plan year's 90-day claim submission ("runout") period has closed.
- All claims for the Plan Year must be submitted within ninety (90) days following the end of the Plan Year.
- The annual FSA administrative fee of \$60 is pro-rated based on time in-plan and paid via payroll deduction.
- 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:** _____

Send completed form to Cafeteria Plan Advisors via fax (781-848-8477) or e-mail (info@cpa125.com).