

CPA, Inc.
420 Washington St. Suite 100
Braintree, MA 02184
(781)848-9848
www.CPA125.com

AUTHORIZATION FOR PRE-TAX PAYROLL REDUCTION

→ Return Signed Form to CPA, Inc. by: **May 18, 2012**
→ Failure to re-enroll by the deadline will result in termination from the plan.

(781)848-8477 (Fax)

Name

Employer: **City of Lynn**

Street

Plan Year: 7/1/2012 – 6/30/2013
(expenses must be incurred between these dates)

City State Zip

SSN: _____

E-Mail Address: _____

Phone: _____

(Required)

I am a: Municipal Employee School Employee

I am paid: Weekly Bi-Weekly Semi-Monthly Monthly Other: _____

Select Benefit(s) and Amount

FSA Dependent Day Care Account:

I elect to contribute \$ _____ per Plan Year
(\$5000 maximum)

**Requires a completed dependent care claim form
(available online) each plan year.**

FSA Medical/Dental Care Account:

I elect to contribute \$ _____ per Plan Year
(\$2500 maximum*)
Will be loaded onto existing Benny™ cards

***per Patient Protection and Affordable Care Act
(health care reform)**

Direct Deposit Information: (if not already on file with CPA, Inc.)

I hereby authorize Cafeteria Plan Advisors, Inc. to deposit my claim reimbursements directly to my bank. I also authorize drafts to adjust any over deposits that were credited to my account. I will contact CPA, Inc. immediately with any bank information changes.

Name of Bank: _____ Checking Savings

Routing Number (9 digits) _____: Account Number _____

I hereby authorize a salary reduction for the amount(s) shown above. I understand that:

- This election cannot be revoked or changed during the plan year without a qualifying event as defined in the IRS regulations.
- Any unused funds at the end of the Plan Year will be forfeited in accordance with IRS regulations (use it or lose it).
- Dependents must qualify under regulations set forth by the IRS.
- Services must be consistent with allowable medical deductions under the IRS Code.
- Over-the-counter medicines are not eligible expenses unless submitted with a prescription.

Signature: _____

Date: _____