

Sign up **NOW**  
for the  
2024-2025  
Plan Year!

# Flexible Spending Benefits Town of Hamilton

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

**Max. Annual Health Care Election: \$3,200.**

**Who's Covered?** You, your legal spouse, and your dependents as defined by the Internal Revenue Service, including those claimed on your tax return and adult children under age 26.

**Benefit Cards.** New Health Care FSA enrollees will receive **2 cards** that can be used at most medical facilities, dental offices, optical shops, and pharmacies for eligible expenses. **Keep your cards!** They will reload each plan year that you enroll.

**Rollover Option.** Health Care FSA balances—**up to \$640**—will 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 run-out deadline. (Note: The rollover maximum for the 2023-2024 plan year is **\$610**; re-enrollment is required for funds to roll over.)

**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.\*\*** 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 daycare, pre-school, before/after school care, day camp, and elder day care. **Claim-based plan (no benefit card); participants must submit claim(s) for reimbursement of expenses from accrued funds.**

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

**Track Your Account and File Claims 24/7!** Log in to your employee portal via our website ([www.CPA125.com](http://www.CPA125.com)), or use our app: **CPA Flex Mobile.**

Make Your  
Money Go  
UP  
TO **30%**  
Further!

depending on your  
tax status

Enroll by **5/24/2024**  
for the  
**7/1/2024 – 6/30/2025**  
Plan Year\*\*\*

**IT'S EASY TO ENROLL &  
RE-ENROLL AT [CPA125.COM!](http://CPA125.COM)**

**Existing Plan Participants:**  
**Re-enrollment is not automatic!**

**To Re-enroll:**

- 1) Go to [cpaemployee.lh1ondemand.com](http://cpaemployee.lh1ondemand.com).
- 2) Log-in to your online account portal on the **left** side of the sign-in page. If the system doesn't recognize you, **DO NOT create a new account**—contact us for log-in assistance.
- 3) On your account home page, click **Enroll/Re-Enroll** & follow the steps.
- 4) Click **Submit** at the end & print or save your enrollment confirmation.

**First-Time Enrollees:**

- Go to [cpaemployee.lh1ondemand.com](http://cpaemployee.lh1ondemand.com).
- On the **right** side of the sign-in page, enter code: **CAF-0210** (the 5<sup>th</sup> & 8<sup>th</sup> characters are zero).
- **Create an online account** and be sure to include your Soc. Sec. # and all contact info.
- Follow **Steps 3 & 4** above to enroll.  
*Note: To receive claim reimbursements via direct deposit, choose "Direct Deposit" as your alternate method of reimbursement when enrolling, and enter your banking info.*

**OR** Complete & return the "Authorization for Pre-Tax Payroll Reduction" to Sue Bateman, Treas./Coll. Office.

\* 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.



**CAFETERIA PLAN ADVISORS**  
 – An Alera Group Company –  
 120 Longwater Dr., Suite 102  
 Norwell, MA 02061  
 Tel.: 781-848-9848

# Authorization for Pre-Tax Payroll Reduction

**Open Enrollment is May 1 – 24, 2024.**

\* Enroll/Re-enroll deadline is 5/24/2024. Late enrollments not accepted. \*

**INSTRUCTIONS: If Already in Plan:** *Re-enrollment is NOT automatic!* To re-enroll: **1)** Go to [cpaemployee.lh1ondemand.com](http://cpaemployee.lh1ondemand.com) — *not the CPA app.* **2)** Log-in to your online account portal on the LEFT side of the sign-in page (note: If you haven't logged into the portal before, the system won't recognize you; contact us for log-in assistance—*do not create a new account*). **3)** Once on your account home page, click the blue **ENROLL/RE-ENROLL** button and follow the steps to enroll for the new plan year. **4)** At the end, click **Submit**. (We recommend printing or saving your enrollment confirmation.)

**New Enrollees:** **1)** Go to [cpaemployee.lh1ondemand.com](http://cpaemployee.lh1ondemand.com). **2)** On the sign-in page, enter code **CAF-0210** (the 5<sup>th</sup> & 8<sup>th</sup> characters are zeros) and set up an account—*be sure to include your Social Security number and all contact info*. Once you've created your account, follow **Steps 3 & 4** above to enroll.

or Complete & return this form to **Sue Bateman, Treasurer/Collector's Office**.

## 1 Personal Information:

Participant Name: \_\_\_\_\_ Employer: **Town of Hamilton**

Mailing Address: \_\_\_\_\_ Plan Year: **7/1/2024 to 6/30/2025**  
(Expenses must be incurred between these dates)

City/Town, State: \_\_\_\_\_ ZIP: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  personal  
 work

## 2 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: \$3,200.**

**Rollover Option:** Health Care balances—*up to \$640*—will roll over to the next plan year provided you re-enroll for that new plan year. (Note: *The maximum rollover for the 2023-2024 plan year is \$610; re-enrollment is required for funds to roll over.*)

**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 childcare expenses of eligible dependents under age 13, and elderly or special needs dependents requiring daycare.

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

*Claim-based plan; no benefit card. Participants must submit claim(s) each plan year to receive accrued funds.*

*See Open Enrollment flyer for more plan information.*

**3 Direct Deposit Info.** Direct deposit is our preferred method of expense reimbursement. Unless your banking info. is already on file with Cafeteria Plan Advisors, please set up direct deposit online via your account portal once you receive enrollment confirmation.

**4 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..
- All claims for the Plan Year must be submitted within ninety (90) days of 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 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](http://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.

Did you know?



# Most households spend \$1,600 out of pocket on health products each year.\*

And even more on doctor visits & other health services.

[Tell Me More](#)



Pain Relief



Over-the-Counter Meds



Diagnostic Products



Suncare



Allergy Relief



Acne & Skincare



Menstrual Care



Baby & Mom

# \$960

Have an FSA? Consider contributing the full amount allowable annually — you could **save up to \$960** on health expenses!\*



# \$5 Off

USE CODE  
**TAKE24D†**

Visit [FSAstore.com](https://www.FSAstore.com) to redeem your offer.

†One use per customer. Offer valid through 3/31/25.  
See Terms for details.

\*For illustrative purposes only. \$1,600 is an estimated average based on industry sources. Savings assumes maximum contribution of \$3,200 in 2024 and 30% average tax rate including federal, state, and FICA taxes. Individual earnings may vary.

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