

CPA, Inc.
420 Washington St. Suite 100
Braintree, MA 02184
781.848.9848 (Phone)
www.CPA125.com

AUTHORIZATION FOR PRE-TAX PAYROLL REDUCTION

Signed form must be returned to CPA, Inc. by: 5/13/2011

781.848.8477 (Fax)

Employer: CITY OF WORCESTER

Name _____

Plan Year: **7/1/2011-6/30/2012**

Street _____

(expenses must be incurred between these dates*)

City, State, Zip _____

SSN: _____

E-Mail Address: _____

Phone: _____

I am a: Municipal Employee School Employee

Department/Location: _____

I am paid: Weekly Bi-Weekly 26 Bi-Weekly 21

Semi-Monthly Monthly Other: _____

Benefits Selected:

FSA Dependent Care Account/Daycare (\$5,000 maximum)
(requires dependent care certification form – available online)

I elect to contribute \$ _____ for the Plan Year.

FSA Medical/Dental Care Account (\$3000 plan maximum)
(will be loaded on Benny™ cards)

I elect to contribute \$ _____ for the Plan Year.

Parking (\$230 monthly max = \$2760 annually)

I elect to contribute \$ _____ for the Plan Year.

Transit (\$230 monthly max = \$2760 annually)

I elect to contribute \$ _____ for the Plan Year.

Direct Deposit Information: (REQUIRED, unless 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.
- 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.
- Failure to return this signed form to CPA, Inc. by the deadline will result in termination from the plan.
- *There is a 75 day grace period to spend any funds left in the account on the Plan Year End.

Signature: _____ Date: _____

Note: Effective 1/1/2011, over-the-counter medicines will no longer be an eligible expense per the Health Care Reform Act.