

CPA, Inc.  
420 Washington St. Suite 100  
Braintree, MA 02184  
781.848.9848 (Direct)  
[www.CPA125.com](http://www.CPA125.com)

7 81.848.8477 (Fax)

## AUTHORIZATION FOR PRE-TAX PAYROLL REDUCTION

- Return Signed Form to CPA, Inc. or Re-enroll Online by May 9th
- To re-enroll online, go to [www.cpa125.com](http://www.cpa125.com) and sign-in to Online Balances using your SSN and temporary password of «pin» if you have not already updated your sign-in. **Complete the process by printing a copy of the confirmation.**
- Failure to re-enroll by the deadline will result in termination from the plan.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip

Employer: City of Pittsfield

Plan Year: 7/1/11 – 6/30/12

(expenses must be incurred between these dates)

SSN: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(Required)

Phone: \_\_\_\_\_

I am a: Municipal Employee  School Employee

I am paid: Weekly  Bi-Weekly 26  Bi-Weekly 21  Semi-Monthly  Monthly  Other: \_\_\_\_\_

### Select Benefit(s) and Amount

FSA Dependent/Day Care Account: (\$5000 maximum)  
(requires a dependent care claim form – available online)

I elect to contribute \$ \_\_\_\_\_ per Plan Year

FSA Medical/Dental Care Account: (\$5000 maximum)  
(does not include insurance premiums)

I elect to contribute \$ \_\_\_\_\_ per Plan Year

Administrative Fee

\$ 60.00 per Plan Year

### Direct Deposit Information: (required 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Notice: Effective 1/1/2011, over the counter medicines are no longer an eligible FSA expense per the Health Care Reform Act.**