

Sign up **NOW**
for the
2025–2026
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 FSA.*** Eligible expenses & 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: \$3,300.

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 \$660**—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: Max. rollover for the 2024-25 plan year is \$640; 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 FSA.**** For qualified **day care** expenses for your 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. *This is a 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), or use our **app: CPA Flex Mobile**.

Make Your
Money Go

UP
TO **30%**

Further!

depending on your
tax status

Enroll by **5/23/2025**
for the
7/1/2025 – 6/30/2026
Plan Year***

**IT'S EASY TO ENROLL &
RE-ENROLL AT CPA125.COM!**

Existing Plan Participants:

Re-enrollment is not automatic!

To Re-enroll:

- 1) Go to 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.
- On the **right** side of the sign-in page, enter **code: CAF-0210** (the 5th & 8th 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 —
Tel.: 781-848-9848

Authorization for Pre-Tax Payroll Reduction

Open Enrollment is May 1 – 23, 2025.

* Enroll/Re-enroll deadline is 5/23/2025. Late enrollments not accepted. *

INSTRUCTIONS: If Already in Plan: *Re-enrollment is **NOT** automatic!* To re-enroll: **1)** Go to 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. **2)** On the sign-in page, enter code **CAF-0210** (the 5th & 8th 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: **7/1/2025 to 6/30/2026**
(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 eligible medical, dental, and vision expenses for you, your legal spouse (if married), your eligible dependents as defined by the IRS, and your adult children under age 26. *Benefit card included.*

Max. Annual Election: \$3,300.

Rollover Option: An eligible balance of **up to \$660** can roll over to the next plan year provided you re-enroll for that new plan year. (Note: Max. rollover for the 2024-2025 plan year is **\$640**; 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 **day care** expenses for your eligible dependents (as defined by the IRS and included on your taxes) who are under age 13, elderly dependents, and dependents with special needs.

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 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..
- FSA expenses must be consistent with allowable deductions under IRS Publication 969.
- All claims for the Plan Year must be submitted within ninety (90) days following 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 claim submission period ("runout") period closes.
- **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 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.



Important Information About Your PREPAID BENEFITS CARD

If you're newly enrolled in the Flexible Spending Account Program, you will automatically receive the new blue Prepaid Benefits Card. You'll receive two cards at your home address for you and your family members to use. The Cards will arrive in a special envelope that looks like this – so please don't throw it out!



Your Prepaid Benefits Card is loaded with the value of your annual FSA\HSA election amount (less any amounts you have already spent in this plan year.) Using your Card helps you keep cash in your wallet and makes accessing your FSA funds easy. The Card can be used, instead of cash, to pay for qualified health care expenses such as:

- Prescription and health plan copayments, deductibles and coinsurance
- "Amount Due" on medical/dental statements
- Orthodontics
- Mail-order or online prescription invoices
- Vision services and eyeglasses
- LASIK surgery
- Eligible over-the-counter (OTC) items

**If applicable, eligible Commuter Transit and/or Parking expenses. The card will be loaded with funds after they are deducted from your paycheck and posted to your account*

You'll simply swipe your Card each time you incur a qualified health care expense and the amount of your purchase will be deducted from your FSA– automatically. You can also fill in your Card number on bills you receive from providers to pay the amount you owe. You'll have no claim forms to complete and you won't have to wait to get a check in the mail. You can check balances or account details anytime – online at www.cpa125.com or via the mobile app -- **CPA FLEX MOBILE**. It's that easy!

It's Important to Save Your Receipts!

Your Prepaid Benefits Card will definitely improve your cash flow. However, be aware that the IRS requires the Card be used only for eligible expenses. Most of the time, we can verify the eligibility of the expense automatically. Yet, there are instances when you'll receive a letter/notification asking you to furnish an itemized receipt to verify the expense. When you receive such a request, make sure you submit the receipts as soon as possible to avoid having your Card suspended until receipts have been submitted and approved.

What is an itemized receipt?

An itemized receipt must include: merchant or provider name, services received or item purchased, date of service, and amount of the expense. Cancelled checks, handwritten receipts, card transaction receipts or previous balance receipts cannot be used to verify an expense.

Using Your Card is as Easy as 1-2-3!

Look for additional information about how to use your new Prepaid Benefits Cards included with your card packet in the mail. We hope you enjoy this new exciting feature of your plan! Remember, the Card will not work at gas stations or restaurants – only at health care related providers.

Save your card. Every year you re-enroll, the funds get loaded on to this card!



Your FSA can do more than you think

You're spending on health anyway — **use your Flexible Spending Account (FSA) to save up to 30% on eligible health expenses.*** Think prescription meds, copays, and thousands of and thousands of everyday health items.

Tell me More



Wondering what's FSA eligible?

Shop 2,500+ products from 600+ trusted brands at FSA Store. 100% FSA eligibility guaranteed

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

Save \$480 with an FSA!*

*Assumes pre-tax FSA contributions and average tax rate of 30%, including state, federal, and FICA taxes. Savings are realized upon contributing to FSA, and not an applied savings on purchase. For illustrative purposes only. Individual earnings may vary.

\$5 OFF

One use per customer.

Exp. 12/31/25.

Save a little more, on us.

Visit FSAsStore.com

Use code **TAKE25** at checkout.

