



Formerly Cafeteria Plan Advisors  
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# Authorization for Pre-Tax Payroll Reduction

**Open Enrollment is April 1 to May 1, 2026.**

\* Enroll/Re-enroll deadline is 5/1/2026. Late submissions not accepted. \*

**INSTRUCTIONS: If Already in Plan: *Re-enrollment is **NOT** automatic!* To enroll for the new plan year via your online account portal—*not the app!* To log-in, go to [www.getebm.com/spending-accounts](http://www.getebm.com/spending-accounts) then click on *Participant Log-In (Formerly CPA125)*. Log-in on the *left* side of the sign-in screen. Once on your account homepage, click the blue **ENROLL/RE-ENROLL** button and follow the steps to enroll; click *Submit* at the end. (We recommend printing or saving your enrollment confirmation.)**

**New Enrollees: Complete & return this form to the H.R. Dept. at Town Hall.**

## 1 Personal Information:

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

**Mailing Address:** \_\_\_\_\_ **Plan Year:** **7/1/2026 to 6/30/2027**  
(for expenses incurred between these dates, plus an additional 75 days for Health Care FSA expenses)

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

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

**2 I work for (check one):**  Town  Schools → **Dept./Location:** \_\_\_\_\_

**I am paid (check one):**  Bi-weekly  Bi-weekly 20  Bi-weekly balloon  
(5 pays in June)

## 3 Flexible Spending Account (FSA) Benefit Selections:

**Health Care FSA Election:** \$ \_\_\_\_\_ for the **plan year** for eligible, non-cosmetic medical, dental & 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: \$3,400.**

**Ineligibility Note:** You are **NOT** eligible for this plan if you or your spouse have a Health Savings Account (“HSA”).

**Grace Period:** Participants have an extra 75 days at the end of the plan year to continue to use any remaining balance.

**Dependent Care FSA Election:** \$ \_\_\_\_\_ for the **plan year** for qualified **day care** expenses for your eligible dependents (as defined by the IRS) under age 13, elderly dependents & dependents with special needs.

**Max. Annual Election: \$7,500 per family.**

*This is a claim-based reimbursement plan (no benefit card). Participants must submit claim(s) to receive accrued funds.*

*The annual FSA administration fee of \$60 is paid by the Town of Ashland as an added benefit.  
See Open Enrollment flyer for other important plan info.*

## 4 Certification. I hereby authorize a salary reduction agreement for the amount(s) shown above and understand that:

- **ebm** will hold these funds until eligible expenses are incurred and submitted. **Funds may be forfeited** in accordance with Internal Revenue Service (IRS) Publication 969 if eligible expenses are not incurred or submitted for reimbursement by Plan Year deadline or purchased utilizing the FSA benefit card (if applicable) within the plan year or date upon which active employment ends, whichever comes first.
- FSA expenses must be consistent with allowable deductions under IRS Publication 969.
- **This election cannot be revoked or changed** during the plan year unless the participant experiences a qualifying event as defined by the IRS.
- **Participants must re-enroll each plan year during the employer’s annual open enrollment period; re-enrollment is not automatic.**
- **Health Care FSA cards** are reloadable; cards will reload at the start of each new plan year for which you have actively re-enrolled; keep your cards even if you take a break from the plan; additional and replacement cards are available from Mastercard for a nominal fee.
- All claims for reimbursement of eligible out-of-pocket expenses must be submitted within ninety (90) days following the end of the Plan Year.
- Additional certification for Dependent Care Plan Participants: *I understand that the Dependent Care Reimbursement Plan Guidelines and qualifications can be found at [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf) and attest that I and my dependent(s) qualify to participate for the plan year noted above. I agree to notify the plan administrator should I experience a change in need or no longer meet the IRS’s eligibility criteria and submit claim(s) for each plan year enrolled.*
- **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.