



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

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

\* Enroll/Re-enroll deadline is 5/1/2026. Late enrollments 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 [getebm.com/spending-accounts](http://getebm.com/spending-accounts), then click **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 **ebm** via **e-mail to [cpaclaims@getebm.com](mailto:cpaclaims@getebm.com)**, or **fax it to: 781-848-8477**. (We recommend printing and saving your fax transmission confirmation.)

## 1 Personal Information:

**Participant Name:** \_\_\_\_\_ **Employer:** **City of Medford**

**Mailing Address:** \_\_\_\_\_ **Plan Year:** **7/1/2026 to 6/30/2027**  
(Expenses must be incurred between these dates)

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

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

personal  
 work

## 2 I work for (check one): City Schools → I am paid (check one): Weekly Bi-weekly 26 (no lump) Bi-weekly w/lump

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

**Health Care FSA Election:** \$ \_\_\_\_\_ for the **plan year** for qualified, non-cosmetic medical, dental & vision expenses for you, your legal spouse, your eligible dependents (as defined by the IRS), and your adult children under age 26. *Benefit card incl.*  
**Special Note:** *The City of Medford will contribute \$150 to your Health Care FSA election (must enroll for at least \$150 to qualify for match).*  
**Max. Annual Election: \$3,400.**

**Rollover Option:** Any unspent Health Care balance—**up to \$680**—will roll over to the next plan year if you re-enroll for the next plan year. (Note: The rollover maximum for the 2025-2026 plan year is **\$660**; 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 **daycare** expenses for eligible dependents (as defined by the IRS) under age 13, elderly dependents or with special needs. Includes daycare, preschool, before/after-school care, elder daycare.  
**Max. Annual Election: \$7,500 per family.**

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

**See Open Enrollment flyer for more plan information.**

## 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 will reload** at the start of each new plan year for which you have re-enrolled; to avoid a new card fee do not discard your cards until they expire, even if you take a break from the plan. Additional & replacement cards are available from Mastercard for a nominal fee.
- Your Health Care FSA plan has a **Rollover option**. Eligible balances roll over to the next plan year provided you re-enroll in the Health Care FSA plan for the new plan year. Rollovers take place after the current Plan Year’s 90-day claim submission (“runout”) period has closed.
- All claims for reimbursement of eligible out-of-pocket expenses incurred during the Plan Year must be submitted within ninety (90) days following the last day of the current 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.