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Authorization for Pre-Tax Payroll Reduction

Enroll/Re-enroll Deadline is 5/31/2026

*** Late Submissions not Accepted. ***

INSTRUCTIONS: If already in the plan, re-enrollment is NOT automatic! To enroll for the new plan year via your online account portal, go to www.getebm.com/spending-accounts—**not the app**. Click participant login (formerly CPA125) login 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** (cpaclaims@getebm.com) or **fax** (781-848-8477).

1 Personal Information:

Participant Name: _____ **Employer:** **Monomoy Reg. School District**

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): ☐ Town ☐ Schools → **I am paid (check one):** ☐ Weekly ☐ Bi-Weekly

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 (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

Rollover Option: Any unspent Health Care balance—**up to \$680**—can roll over to the next plan year if you re-enroll for the next plan year. (Note: The **rollover max. 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 **day care** expenses for your eligible dependents (as defined by the IRS and included on your tax return) who are under age 13, elderly dependents, and 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) each plan year for reimbursement of eligible expenses from accrued funds in account.

Annual FSA administration fee of \$66 is paid via payroll deduction; \$60 for dependent care only. See Enrollment flyer for more plan information.

4 Direct Deposit Info. Direct deposit is our preferred method for claim reimbursement. If your banking info. is not on file with **ebm** (formerly CPA), please set up direct deposit online via your account portal once you receive enrollment confirmation.

5 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 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 of 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 runout period ends.
- **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 and qualifications can be found at 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 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.