

Sign up **NOW**  
for the  
**2024–2025**  
Plan Year!

# Flexible Spending Benefits Town of Norwell

## 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.**\* Eligible expenses and 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: \$3,200**

**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 your 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, pharmacies, and optical shops for eligible expenses. **Keep your cards!** They are reloadable for up to 5 plan years.

**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.

**Make Your  
Money Go  
UP  
TO **30%**  
Further!**  
depending on your  
tax status

- ◆ **DEPENDENT CARE.\*\*** For qualified **day care** expenses of eligible dependents (as defined by the IRS) under age 13, elderly dependents, and dependents with special needs. Includes daycare, pre-school, before/after school care, day camp, and elder daycare. *Claim-based plan (no card); participants must submit claim(s) for reimbursement from accrued funds.*

**Max. Annual Dep. Care Election: \$5,000 per family.**

**Enroll by 5/8/2024  
for the  
7/1/2024 – 6/30/2025  
Plan Year\*\*\***

### Already in the FSA Plan?

Re-enrollment is **NOT** automatic!

► **Re-enroll** via your online account portal—not the mobile app! Go to [cpaemployee.lh1ondemand.com](https://cpaemployee.lh1ondemand.com) and log-in on the LEFT side of the sign-in screen. On your account homepage, click the blue **Enroll/ Re-enroll** button and follow the steps to enroll for the new plan year. Be sure to click **Submit** at the end of the process. (Note: We recommend printing or saving your enrollment confirmation.)

► **New to the FSA Plan?** Complete the “Authorization for Pre-Tax Payroll Reduction” form and send it to **Cafeteria Plan Advisors** via e-mail ([info@cpa125.com](mailto:info@cpa125.com)) or fax (781-848-8477) by the deadline shown above.

### Track Your Account and File Claims 24/7!

Log in to your **employee portal** via our website ([www.CPA125.com](http://www.CPA125.com)), or use our app: **CPA Flex Mobile**.

*Annual FSA admin. fee is paid by your employer so you save **even more!***

\* 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.

*The **Dependent Care Flex-Spending (FSA) plan** allows participants to set aside a portion of their pre-tax pay for reimbursement of **qualified childcare expenses\*** for dependent children age 12 and younger, including: daycare, pre-school tuition, before/after-school care, and day camp programs during school breaks. This benefit may also be used for dependents with special needs, including elder daycare.*



## How the Dependent Care FSA Works...

- **Money Comes Out of Your Pay Non-Taxed for Eligible Childcare Expenses.** Your employer sends your non-taxed payroll deductions to Cafeteria Plan Advisors to deposit in your Dependent Care account.

Your payroll deductions are based on your annual Dependent Care FSA election divided by the number of available pay periods in the plan year. The maximum election is \$5,000 per year, per family.

- **You Pay Your Childcare Provider(s).** We don't pay your childcare provider(s). You pay them out-of-pocket and we reimburse your expenses from your available Dependent Care account balance.

Note: If your childcare provider does not report the money you pay to her/him as income on their taxes or won't provide you with their Tax ID/Social Security number, fees paid to them can't be reimbursed through your Dependent Care FSA account.

- **Accessing Your Dependent Care FSA Monies.** To be reimbursed from the funds that have accrued in your account via payroll deduction, you need to submit a claim(s) for reimbursement. Claims may be filed via fax, e-mail, or online via your account portal or our app.

**Here are your claim submission options—choose the one that works best for you:**

- 1) **Regular, on-going Reimbursements.** If you put in a claim for your full annual election amount right at the start of the plan year, you will receive automatic reimbursements about one week following each paycheck deduction.
- 2) **Periodic Reimbursements.** You can also submit a claim(s) periodically, such as: monthly, quarterly, or whenever your account balance reaches a certain dollar amount that suits you (e.g. \$500, \$1000, etc.).
- 3) **Lump-Sum Reimbursement.** Submit your claim at the end of the plan year to receive a lump-sum reimbursement of all deductions accrued during the plan year.

Note: Dates of service must fall within the plan year and while actively employed. All claims must be submitted to Cafeteria Plan Advisors within 90 days of the end of the Plan Year, otherwise the funds may be forfeited.

- **Expense Documentation.** We don't need to see your childcare bills or receipts if you complete the Dependent Care Claim Certification Form with your childcare provider's information (name, address, and Tax ID number or Social Security number if the provider is an individual), but you should keep the bills and receipts for tax purposes.

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\* This benefit is for qualified expenses incurred for the care of eligible dependents named on your tax return in order for you to be able to work. Overnight camp and school tuition for kindergarten and up are not eligible. Extra-curricular and enrichment programs/activities that aren't daycare/childcare-based are not eligible. Nanny services may be eligible. Fees unrelated to the direct care of the dependent(s) are not reimbursable. Dependent Care Reimbursement Plan Guidelines are governed by the Internal Revenue Service and can be found at [CPA125.com](http://CPA125.com). Dependents must qualify under regulations set forth in IRC Sections 152 and 129. Consult with a tax advisor for more info. with regard to your personal tax situation.



# New OTC Expenses Now Eligible

When you participate in a Flexible Spending Account (FSA), you're able to contribute pre-tax funds for use on hundreds of eligible expenses. Recently, you gained even more flexibility in your ability to save when the CARES Act was signed into law.

This new legislation expanded the list of expenses that are considered eligible by **including popular over-the-counter products**, which consumers can now purchase with their FSA without a prescription. This change went into effect on January 1, 2020, and allows over 20,000 new expenses as eligible moving forward. That's great news for consumers, since the average American shops for over-the-counter medications 26 times each year.

**Here are five of the most common expenses that are now eligible to use FSA funds without a prescription.**

## Pain relief medications

Headaches. Muscle soreness. Sprains. There are so many reasons to need pain relievers. There are two common types of over-the-counter pain medications: acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs), both of which are now among the eligible expenses available from an FSA.

## Cold and flu products

Winter may be behind us, but cold and flu season never really goes away. As much as 20 percent of the U.S. population gets the flu, on average each season. Fortunately, the over-the-counter medicines taken to cope with a severe cough or congestion are now eligible expenses.

## Allergy products

Thirty percent of American adults and 40 percent of children suffer from allergies. And the cost of allergies to the healthcare system is estimated at \$18 billion. Those who do have allergies can now find relief with their HSA and FSA funds in the form of over-the-counter antihistamines and decongestants.

## Heartburn medications

Heartburn is among the more common afflictions in this country. That's why Americans spend billions of dollars each year on medicines that treat heartburn. The CARES Act means that these over-the-counter drugs are FSA eligible without a prescription.

## Menstrual products

The CARES Act also included menstrual care products as eligible expenses for FSAs. Eligible products include tampons, pads and menstrual sponges.

## **How do I know what qualifies?**

- Consumers can simply scan a product bar code right in their mobile app to help determine eligibility as a qualified medical expense. That's peace of mind with a touch of a button.
- Online shopping for eligible expenses can be done on sites like FSA Store. This site is dedicated to items that are eligible under pre-tax accounts like FSAs.

**How it Works:** Use the Debit Card: Once retailers have updated their payment systems and inventories consumers can simply use their card to pay for these newly eligible items, but they should still remember to save their receipts in case the purchase needs to be verified later. Submit a Claim: Consumers can submit claims for reimbursement through their online account or using the mobile app.

## Health Care FSA Eligible Expenses

<p><b>BABY/CHILD TO AGE 13</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lactation Consultant*</li> <li><input type="checkbox"/> Lead-Based Paint Removal</li> <li><input type="checkbox"/> Special Formula*</li> <li><input type="checkbox"/> Tuition: Special School/Teacher for Disability or Learning Disability*</li> <li><input type="checkbox"/> Well Baby /Well Child Care</li> </ul> <p><b>DENTAL</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dental X-Rays</li> <li><input type="checkbox"/> Dentures and Bridges</li> <li><input type="checkbox"/> Exams and Teeth Cleaning</li> <li><input type="checkbox"/> Extractions and Fillings</li> <li><input type="checkbox"/> Oral Surgery</li> <li><input type="checkbox"/> Orthodontia (reimbursable after payment)</li> <li><input type="checkbox"/> Periodontal Services</li> </ul> <p><b>EYES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Eye Exams</li> <li><input type="checkbox"/> Eyeglasses and Contact Lenses</li> <li><input type="checkbox"/> Laser Eye Surgeries</li> <li><input type="checkbox"/> Prescription Sunglasses</li> <li><input type="checkbox"/> Radial Keratotomy</li> </ul> <p><b>HEARING</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hearing Aids and Batteries</li> <li><input type="checkbox"/> Hearing Exams</li> </ul> <p><b>LAB EXAMS/TESTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Blood Tests and Metabolism Tests</li> <li><input type="checkbox"/> Body Scans</li> <li><input type="checkbox"/> Cardiograms</li> <li><input type="checkbox"/> Laboratory Fees</li> <li><input type="checkbox"/> X-Rays</li> </ul>	<p><b>MEDICAL EQUIPMENT/SUPPLIES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Air Purification Equipment*</li> <li><input type="checkbox"/> Arches and Orthotic Inserts</li> <li><input type="checkbox"/> Contraceptive Devices</li> <li><input type="checkbox"/> Crutches, Walkers, Wheel Chairs</li> <li><input type="checkbox"/> Exercise Equipment*</li> <li><input type="checkbox"/> Hospital Beds*</li> <li><input type="checkbox"/> Mattresses*</li> <li><input type="checkbox"/> Medic Alert Bracelet or Necklace</li> <li><input type="checkbox"/> Nebulizers</li> <li><input type="checkbox"/> Orthopedic Shoes*</li> <li><input type="checkbox"/> Oxygen*</li> <li><input type="checkbox"/> Post-Mastectomy Clothing</li> <li><input type="checkbox"/> Prosthetics</li> <li><input type="checkbox"/> Syringes</li> <li><input type="checkbox"/> Wigs*</li> </ul> <p><b>MEDICAL PROCEDURES/SERVICES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Acupuncture</li> <li><input type="checkbox"/> Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)</li> <li><input type="checkbox"/> Ambulance</li> <li><input type="checkbox"/> Fertility Enhancement and Treatment</li> <li><input type="checkbox"/> Hair Loss Treatment*</li> <li><input type="checkbox"/> Hospital Services</li> <li><input type="checkbox"/> Immunization</li> <li><input type="checkbox"/> In Vitro Fertilization</li> <li><input type="checkbox"/> Physical Examination (not employment-related)</li> <li><input type="checkbox"/> Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)</li> <li><input type="checkbox"/> Service Animals</li> <li><input type="checkbox"/> Sterilization/Sterilization Reversal</li> <li><input type="checkbox"/> Transplants (including organ donor)</li> <li><input type="checkbox"/> Transportation to Medical Facility</li> </ul>	<p><b>MEDICATIONS/DRUGS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Insulin</li> <li><input type="checkbox"/> Prescription Drugs</li> <li><input type="checkbox"/> **Over the Counter Drugs/Medicines (such as Tylenol, Advil, NyQuil, etc.)</li> </ul> <p><b>OBSTETRICS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Doulas*</li> <li><input type="checkbox"/> Lamaze Class</li> <li><input type="checkbox"/> OB/GYN Exams</li> <li><input type="checkbox"/> OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)</li> <li><input type="checkbox"/> Pre- and Postnatal Treatments</li> </ul> <p><b>PRACTITIONERS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Allergist</li> <li><input type="checkbox"/> Chiropractor</li> <li><input type="checkbox"/> Christian Science Practitioner</li> <li><input type="checkbox"/> Dermatologist</li> <li><input type="checkbox"/> Homeopath</li> <li><input type="checkbox"/> Naturopath*</li> <li><input type="checkbox"/> Optometrist</li> <li><input type="checkbox"/> Osteopath</li> <li><input type="checkbox"/> Physician</li> <li><input type="checkbox"/> Psychiatrist or Psychologist</li> </ul> <p><b>THERAPY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Alcohol and Drug Addiction</li> <li><input type="checkbox"/> Counseling (not marital or career)</li> <li><input type="checkbox"/> Exercise Programs*</li> <li><input type="checkbox"/> Hypnosis*</li> <li><input type="checkbox"/> Massage*</li> <li><input type="checkbox"/> Occupational</li> <li><input type="checkbox"/> Physical</li> <li><input type="checkbox"/> Smoking Cessation Programs*</li> <li><input type="checkbox"/> Speech</li> <li><input type="checkbox"/> Weight Loss Programs*</li> </ul>
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**\*\*Please Note:** Effective 1/1/2020, the IRS now allows personal protective items to prevent the spread of covid, such as, masks, sanitizer and wipes, as well as Over the Counter (OTC) medicines/drugs and feminine care products may now be purchased with Health Care FSA or certain HRA plans. *Vitamins & supplements are not eligible.*

The following is a high-level list of OTC items that are *not* medicine or drugs and are eligible for purchase with Health Care FSA Plans.

<p><b>Denture Adhesives, Repair, and Cleansers</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PoliGrip, Benzodent, Efferdent</li> </ul> <p><b>Diabetes Testing and Aids</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Insulin, Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products</li> </ul> <p><b>Diagnostic Products</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Thermometers, blood pressure monitors, cholesterol testing</li> </ul>	<p><b>Elastics/Athletic Treatments</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts</li> </ul> <p><b>Eye Care</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contact lens care</li> </ul> <p><input type="checkbox"/> Reading Glasses and Maintenance Accessories</p>	<p><b>Family Planning</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pregnancy and ovulation kits</li> </ul> <p><b>First Aid Dressings and Supplies</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Band Aid, 3M Nexcare, non-sport tapes *without antibiotic strip</li> </ul> <p><b>Incontinence Products</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Attends, Depend, GoodNites for juvenile incontinence</li> </ul>
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**\*Items with an asterisk are potentially eligible with a Letter of Medical Necessity from a licensed physician. For a detailed list, log in to our website at [www.cpa125.com](http://www.cpa125.com) and click on the link to the FSA Store to view the eligibility list.**



**CAFETERIA PLAN ADVISORS**  
120 Longwater Dr., Suite 102  
Norwell, MA 02061  
Tel.: 781-848-9848

# Authorization for Pre-Tax Payroll Reduction

***Open Enrollment is April 10– May 8, 2024.***

**\* Enroll/Re-enroll deadline is 5/8/2024. 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, go to [cpaemployee.lh1ondemand.com](http://cpaemployee.lh1ondemand.com)—**not the app**. 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 CPA via e-mail (info@cpa125.com) or fax (781-848-8477).

## 1 Personal Information:

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

**Mailing Address:** \_\_\_\_\_ **Plan Year:** **7/1/2024 to 6/30/2025**  
(for expenses incurred between these dates)

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

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

☐ personal  
☐ work

**2 Employment Info.:** I work for (check one): ☐ Town ☐ Schools  
I am paid (check one): ☐ Weekly (52 pays) ☐ Bi-weekly\* (\*FSA deductions 1x/mo. between Sept. – June)

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

☐ **Health Care FSA Election:** \$\_\_\_\_\_ for the **plan year** for employee, legal spouse, and eligible dependents' qualified medical, dental, vision expenses. *Benefit card included.*

**Max. Annual Election: \$3,200.**

**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 eligible dependents (as defined by the IRS) under age 13, elderly dependents & dependents with special needs.

**Max. Annual Election: \$5,000 per family**

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

*See Open Enrollment flyer for more plan information.*

**4 Direct Deposit Info.** Direct deposit is our preferred method of expense reimbursement. Unless your banking info. is already on file with Cafeteria Plan Advisors, 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:

- 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.
- All claims for the Plan Year must be submitted within ninety (90) days of the end of the Plan Year.
- **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](http://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.



# Dependent Care Claim

Certification Form

# Flexible Spending Account

Cafeteria Plan Advisors  
An Alera Group Company  
120 Longwater Drive, Suite 102  
Norwell, MA 02061  
www.cpa125.com



Email: [info@cpa125.com](mailto:info@cpa125.com)  
Phone: 781-848-9848  
FAX: 781-848-8477

Plan Year: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

SSN (Last four) XXX-XX-\_\_\_\_\_

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

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

Check if New Address ☐

Email: \_\_\_\_\_

## Eligible Dependents:

The dependent care expenses must be employment related. Dependents eligible for FSA funding:

- Must be under age 13
- Reside with Participant

- Physically or mentally incapacitated
- Qualify as Dependent under IRS code section 151(c)
- Earn less than \$3800 per year unless qualifying child

## Dependent Information:

Dependent Name	Relationship	Date of Birth		Dependent Name	Relationship	Date of Birth

## Day Care Facility or Individual who provides care:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Corporate or Individual Tax ID (Required): \_\_\_\_\_

Corporate or Individual Tax ID(Required): \_\_\_\_\_

Claim Amount: \$ \_\_\_\_\_

Dates of Service: \_\_\_\_\_ - \_\_\_\_\_  
Beg End

This is to certify that I, the undersigned, have incurred expenses that qualify under IRC section 129 "Dependent Care Assistance Programs." I have not been, and will not be reimbursed for these expenses by any source, including, but not limited to, insurance, this plan, or other programs offered by my, or my spouses, employer. I understand these expenses may no longer be claimed as deductions for income tax purposes since I am requesting reimbursement with funds deducted from my compensation on a pre-tax basis. The undersigned reaffirms that all eligibility criteria set forth by the IRS, found on the reverse side of this form and at [www.cpa125.com](http://www.cpa125.com), continue to be met at the time these dependent care expenses were incurred. I acknowledge that I am solely liable for any taxes or penalties on ineligible expenses processed through the dependent care plan. I, and only I, am responsible for the accuracy and validity of the submitted expenses. It is my responsibility to retain ALL receipts. I hereby authorize Cafeteria Plan Advisors to reimburse me for the "Claim Amount" listed above, and, if applicable, reaffirm the authorization provided to Cafeteria Plan Advisors to directly deposit the reimbursement into my bank.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Return page 1 via mail, fax, or email to [info@cpa125.com](mailto:info@cpa125.com)

**Section 125 Dependent Care Eligibility Worksheet**

	Yes	No
Married (as defined by IRS)?	<input type="checkbox"/>	<input type="checkbox"/>
If married, is your spouse employed?	<input type="checkbox"/>	<input type="checkbox"/>
If married, do you file a joint tax return?	<input type="checkbox"/>	<input type="checkbox"/>
If married, does your spouse have a Dependent Care Plan?	<input type="checkbox"/>	<input type="checkbox"/>
If not employed, is spouse		
Full-time student (5 months)	<input type="checkbox"/>	<input type="checkbox"/>
Disabled and unable to care for self/children	<input type="checkbox"/>	<input type="checkbox"/>

- ✓ If your spouse is not employed and is not actively seeking employment, you are not eligible for the Dependent Care plan unless he or she is a full-time student or is disabled.
- ✓ If your spouse has a dependent care plan, your combined election may not exceed \$5,000
- ✓ Funds not claimed for will be forfeited or otherwise handled in accordance with the plan document and the current IRS regulation.
- ✓ **IRS form 2441 should be filed with your tax form 1040 when dependent care has been deducted from your pay. The Dependent Care deduction should be shown in box 10 of the W2 form from your employer.**

**Dependent Care Reimbursement Plan Guidelines**

Employer provided dependent care assistance is tax-free only if the following conditions are met:

1. Each individual for whom you receive dependent care assistance is;
  - a. A dependent under the age of 13 whom you are entitled to claim as a dependent on your tax return, or
  - b. A spouse or other tax dependent who is physically or mentally incapable of caring for him or herself.
2. The dependent care assistance is provided for the care of a dependent described above or for the related household service and is incurred to enable you to be gainfully employed.
3. If the dependent care services are provided outside your household, they are incurred for the care of a dependent who is described in 1.a) above or who regularly spends at least 8 hours per day in your household.
4. If the dependent care is provided by a dependent care center (i.e. a facility that provides care for more than 6 individuals not residing at the facility) the center complies with all applicable state and local laws and regulations.
5. If the services are provided by a camp, the dependent does not stay overnight at the camp.
6. Payment for the services are not made to a child of yours who is under the age of 19 at the end of the year for which the expenses are incurred or to an individual for whom you or your spouse is entitled to a personal tax exemption as a dependent.
7. The reimbursement (or fair market value of the dependent care expenses) are provided for the applicable year and may not exceed the least of the following limits:
  - a. \$5000 (\$2500 if you are married and do not file a joint tax return for the year).
  - b. Your taxable compensation (after any reductions under the 401(k) plan, dependent care assistance plan and medical/dental plans).
  - c. If you are married, your spouse's actual deemed earned income.

\*For purposes of 7.a) above, if two employees are married to each other and file a joint tax return, a single \$5000 limit applies to both spouses together. For purposes of 7.c) above, your spouse will be deemed to have earned income of \$200 (\$400 if you have 2 or more dependents described in paragraph 1) above, for each month in which your spouse is: physically or mentally incapable of caring for him or herself or a full time student at an educational institution. For all purposes of paragraph 7) above, certain separated spouses are not treated as married.

8. You must report to the IRS on your tax return the name, address and social security number (or other tax payer identification number, if required) of any dependent care service provider who provides services to you during the relevant calendar year).
9. If your Dependent Care needs experience a qualifying change during the plan year, you may make election changes within 30 days of the qualifying change.
10. Participation in the Dependent Care Spending Account will limit your reporting on your IRS taxes.
11. If you elected and were reimbursed more than your dependent care costs, you may need to report the difference on your taxes. It is suggested you contact a Tax Advisor.
12. All claims must be submitted within 90 days after the plan year ends or your termination date.