



Dear Flexible Spending Account Participant:

It's that time of year – **YOUR ANNUAL OPPORTUNITY TO RENEW YOUR FLEXIBLE SPENDING ACCOUNT!**

Renewing your plan has never been easier – Please follow the steps below to enjoy another year of TAX FREE SAVINGS!!!! **(Please note – this is your notification to renew – paper enrollment forms will not be sent out)**

1. **Plan Carefully.** Before you enroll, you must first decide how much you want to contribute to your account(s). You will want to spend some time estimating your anticipated eligible medical and dependent care expenses for the plan year of **1/1/2018 – 12/31/2018**, as Federal tax regulations require that any unused amount (over the \$500 if you have a rollover) at the end of the plan year be forfeited.

2. **Enroll online.** To begin online enrollment, go to <https://cpaemployee.lh1ondemand.com>.
 - a. To login for the **FIRST TIME** both your username and password will be the first initial of your first name, your last name, and last four of your social security number (example jsmith1234). The system will automatically ask for a new password.

 - b. If you have already logged-in and changed your password your username will always be the same as above, and the password will be what you had changed it to. There is a “forgot password” option if needed. (you can also use the “forgot password” option if you have locked your account)

Change Username and Password

Please change your login information.

Username* ttest1234

New Password*

The password must: · Have a minimum of 6 characters · Not be one of your last 3 passwords · Contain upper and lowercase letters · Contain at least one number

Confirm Password*

Security Question* What is your mother's maiden name? ▾

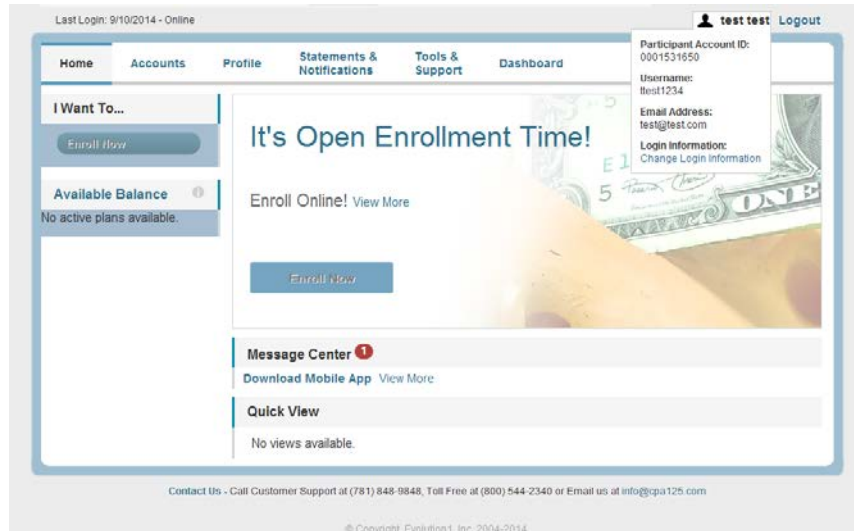
Answer*

*Required

Submit

Contact Us - Call Customer Support at (781) 848-9848, Toll Free at (800) 544-2340 or Email us at info@cpa125.com

Click the **Enroll** link in the Actions column. Next, click the link **Begin Your Enrollment Now**.



Enter the **Participant Profile** information, and click **Continue**.

Participant Profile

steps: 1 2 3 4 5 6

First Name: test
 Middle Initial:
 Last Name: test
 Social Security Number: xxx-xx-1234
 Participant Account ID: 0001521050
 Country: United States
 Address Line 1: 420 Washington Str
 Address Line 2: Suite 100
 City: Braintree
 State: Massachusetts
 Zip Code: 02184
 Home Phone:
 Birth Date: 1/1/1950
 Gender: Female Male
 Marital Status: Married Single
 Email Address: test@test.com

By providing an email address, you will receive communications electronically about your benefits in lieu of paper documents. Your email address will not be shared or used for any other purpose.

Do you have any dependents? Yes No

* = required field

Continue

Enter Your Election amount for the appropriate plans—*If you aren't enrolling in a plan, leave the field BLANK—do not put any value in the field. Click **Calculate***. The system automatically calculates your payroll deductions based on your payroll periods. Click **Continue**.

Elections

steps: 1 2 3 4 5 6

Enter your actual elections in the field provided. To calculate the total elections, tax savings, and estimated per pay period deduction select the calculate button.

If you choose to not enroll in one of the offered plans listed, please leave the field BLANK.

	Your Election	Max Employee Election
Health Care Account	2000	\$2,500.00
Dependent Care		\$5,000.00
Total election for the year: \$2,000.00		
Total tax savings for the year*: \$600.00		
Estimated per pay period deduction: \$76.92		

Calculate

* Tax savings estimate is based on a 30% tax rate. True tax savings will be based on your individual circumstances.

Continue

Review and verify enrollment information. To update information, click the Edit Information buttons. When verified, click **Submit to complete enrollment.**

Enrollment Verification

steps: 1 2 3 4 5 6

You must click submit at the bottom of this page to complete your enrollment.

Profile [Edit Information](#)

Name: test test
 Social Security Number: xxx-xx-1234
 Address: 420 Washington Street
 Suite 100
 Braintree, MA 02184 United States
 Home Phone: (781) 848-9848
 Birth Date: 1/1/1950
 Gender: Male
 Marital Status: Single
 Email Address: test@test.com
 Do you have any dependents? Yes

Dependents [Edit Information](#)

Full Name	SSN	Birth Date	Gender	Full Time Student	Relationship
Joey Test	xxx-xx-6789	1/1/2014	Male	No	Dependent

Enrollment Elections [Edit Information](#)

	Employee Contribution	Company Contribution
Health Care Account	\$2,000.00	
Dependent Care	\$0.00	
Total Election for the year:		
	\$2,000.00	
Estimated per pay period reduction: ^a		
	\$76.92	

^a Begins on the first pay date of the Plan Year.

Method of Reimbursement [Edit Information](#)

You have chosen **Debit Card** as your method of payment.
 Your alternate reimbursement method is Direct Deposit.

Separate debit cards will be issued to the following dependents:
 No dependent debit cards issued

Submit
Cancel

Enrollment Confirmation

Please print this page for your records.

Congratulations, you have successfully enrolled in the following Pre-tax Benefit Plans.

Reminder: If you are signing up for Dependent/Child Care, don't forget to complete a new Dependent Care Certification Claim form for reimbursement!

Plan	Company Contribution	Employee Contribution	Estimated Per Paycheck Reduction
Health Care Account		\$2,000.00	\$76.92
Dependent Care		\$0.00	\$0.00
Total Estimated Reductions Per Paycheck: ^a			\$76.92

^a Pay check reductions are based on your election and the number of scheduled pay periods within the plan year. True reductions will be determined by your employer.

You have elected Debit Card as your reimbursement option. Your alternate reimbursement method is Direct Deposit.

The payroll deduction to fund your spending accounts will begin on 2/4/2016 and end on your last paycheck of the plan year. You may begin filing claims for eligible expenses on 2/1/2016. All claims must be filed for expenses incurred while you are a participant, within the plan year 2/1/2016 - 7/31/2016

You have successfully enrolled for the upcoming plan year.

Print

The Enrollment Confirmation displays. Click **Next Steps** to view the Next Steps documents, and click **Print** to print the Enrollment Confirmation for your records.

REMINDER: If you elected Dependent Care, don't forget to complete a new Reimbursement Claim Form each year! You can obtain the form in the FORMS section.