



SECTION 125 "CAFETERIA PLAN"

"We conducted an efficiency audit of our office and were surprised at the amount of time expended in the handling of payroll for our firm. That's when we contacted EASI. The results have been most pleasing. Our office staff is relieved of the time-consuming duties of payroll record-keeping and tax reporting. We highly recommend EASI to our fellow attorneys. We trust you will find their services beneficial to your operations as we have."

~ Patterson & Thibodeaux, P.A.

Section 125 of the IRS code allows employees to take taxable benefits, such as a cash salary, and convert them into nontaxable benefits. Cafeteria plans are particularly good for participants who have regular expenses related to medical issues and child care. On average, employees can save 30% in combined federal, state and local taxes on items they would typically purchase with out-of-pocket post-tax funds. A Section 125 Cafeteria Plan requires no participation or risk on the part of the employer.

FLEXIBLE SPENDING ACCOUNT

A Flexible Spending Benefit Plan ("Flexible Spending Account" or "FSA") allows an individual to set aside a portion of each paycheck to be used for certain out-of-pocket medical, dental, and vision expenses or dependent child care costs using pre-tax dollars. Since the monies in the FSA are not taxed, the individual will save an amount equal to the taxes that would have normally been paid on the money set aside.

**CURIOUS ABOUT HOW MUCH YOU COULD SAVE?
FOLLOW OUR EXAMPLE BELOW AND FIND OUT!**

WITHOUT FLEXIBLE SPENDING ACCOUNT

GROSS PAY PER PAY PERIOD	\$2,100.00
TAXABLE WAGES	\$2,100.00
Social Security Tax (7.65%)	\$160.65
Federal Tax (15%)	\$315.00
State Tax (5%)	\$105.00
TOTAL TAXES	\$580.65
Less Child Care (post-tax)	\$416.67
Less Medical/Dental (post-tax)	\$166.67
MONEY LEFT TO SPEND	\$936.01

WITH FLEXIBLE SPENDING ACCOUNT

GROSS PAY PER PAY PERIOD	\$2,100.00
Less Child Care (pre-tax FSA)	\$416.67
Less Medical/Dental (pre-tax FSA)	\$166.67
TAXABLE WAGES	\$1,516.66
Social Security Tax (7.65%)	\$116.02
Federal Tax (15%)	\$227.50
State Tax (5%)	\$75.83
TOTAL TAXES	\$419.36
MONEY LEFT TO SPEND	\$1,097.30

**THAT'S AN EXTRA \$161.29 EVERY MONTH
OR A RAISE OF \$1,935.52 PER YEAR!**



FLEXIBLE SPENDING PLAN ELECTION
EMPLOYER NAME: _____

Employee Name: _____ Date of Birth: _____

Address: _____

Marital Status: _____ Sex: _____ Contact Phone: _____

I decline to participate in the employer sponsored Flex Plan. I have been given the opportunity to participate, and the benefits of the Plan have been explained to me. I understand that I may only participate at the beginning of the next Plan Year.

I elect to participate in the employer sponsored Flex Plan. I agree to and understand that:

Elections cannot be changed during the Plan Year unless there is a change in the family status (marriage, divorce, death of a spouse or child, birth or adoption of a child or a change in spouse's condition of employment: i.e., becomes employed, unemployed, or changes employers).

Salary reduction for the Medical and Dependent Care Expense Reimbursement programs will be credited to my "Flexible Spending Account" and the employer will reimburse me during the Plan Year as I submit paid documentation for incurred expenses, for approved un-reimbursed medical and/or dependent care expenses. I further understand that any amount remaining in my "benefit bank" as of March 2023 will be forfeited to the employer.

The opportunity to change my benefit elections for the following Plan Year will be given to me prior to each Plan Year. Benefit selections will continue from one Plan Year to the next without completing a new election form. However, if I wish to make a change or decline further participation for the next Plan Year, a new election form is required.

The employer may have to reduce or cancel the amount of my salary reduction or otherwise modify this agreement to satisfy new provisions of the Internal Revenue Code as they may occur during the plan year. Should I terminate my employment and the reimbursements I have received are greater than the amount that has been deposited into my Flexible Spending Account, I agree to reimburse the difference to People Lease.

Having selected the benefits checked below, I hereby elect to be reimbursed for the indicated expenditures and authorize my employer to reduce my gross compensation per pay period in the total amount stated below in conformity with Section 125 of the Internal Revenue Code.

Un-reimbursed Medical/Dental/Vision Expenses (Not to exceed \$2,850 for the 2022 Plan Year) \$ _____

Dependent Child Care Expenses (Not to exceed \$5,000 for the 2022 Plan Year) \$ _____

Employee Signature: _____ Date: _____

*****FOR OFFICE USE ONLY*****

Total number of pay periods remaining in 2022 (12, 24 or 48)

Divide the Total Annual Eligible Expenses amount by the number of pay periods in 2022 to get your pay period election.

\$ _____ (Deducted per period/Medical)

\$ _____ (Deducted per period/Dependent care)