

## Checklist for Dependent Care FSA

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Person to Contact with Questions: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Internal Group Number or Billing Number (if any): \_\_\_\_\_

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### GENERAL PLAN INFORMATION

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Group's Full Name: \_\_\_\_\_

Group's Address: \_\_\_\_\_  
\_\_\_\_\_

If above address is a post office box, street address: \_\_\_\_\_  
\_\_\_\_\_

Group's Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_

Plan Year (month to month): \_\_\_\_\_

ERISA Plan Number: \_\_\_\_\_

Original Effective Date of Plan (month & year): \_\_\_\_\_

Date of this Restatement (month & year): \_\_\_\_\_

Type of Plan: Dependent Care Flexible Spending Account \_\_\_\_\_

Participating Employers: \_\_\_\_\_  
\_\_\_\_\_

Third Party Administrator: \_\_\_\_\_

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

TPA Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

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### DEFINITIONS

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***“Annual enrollment period”*** means the period from [ \_\_\_\_\_ ] through [ \_\_\_\_\_ ] each year when eligible *employees* may enroll for participation and make elections under the *Plan*.

Does the Plan have a debit card feature? \_\_\_\_\_

**“Dependent”** means any person who of the following individuals who resides in the *participant’s* household and over half of whose support the *participant* provides...

	...grandchildren of the <i>participant</i> ;
	...siblings of the <i>participant</i> ;
	...parents and grandparents of the <i>participant</i>

[Children of the *participant* who are under age 26, or who are disabled, will qualify as *dependents* regardless of whether the *participant* has provided one-half or more of the child’s support for the taxable year, so long as the child has not provided one-half or more of his or her own support for the taxable year.]

**OPTIONAL – KEEP or REMOVE**

[Additionally, children of a *participant* who is divorced, legally separated, separated under a written separation agreement, or who has lived apart from his or her spouse at all times during the last 6 months of the calendar year, will be a *dependent* so long as they receive over one half of their support from their parents and are in the custody of one or both parents for more than one half of the calendar year.]

**OPTIONAL – KEEP or REMOVE**

Does the Plan offer a grace period? \_\_\_\_\_

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**ELIGIBILITY FOR PARTICIPATION**

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**Am I eligible to participate in the *Plan*?**

You are eligible to participate in the *Plan*:

	If you are an active, full-time <i>employee</i> regularly scheduled to work at least [ ] hours per week...
	[ ] ...and you have completed a <i>waiting period</i> of at least [ ] days of continuous <i>active employment</i> from your date of hire; or ( <b>no more than 3 years</b> )
	If you are an active, part-time <i>employee</i> regularly scheduled to work at least [ ] hours per week...
	[ ] ..., and you have completed a <i>waiting period</i> of at least [ ] days of continuous <i>active employment</i> from your date of hire. ( <b>no more than 3 years</b> )

**When will my participation begin?**

If you are a new *employee*, your entry date for the *Plan* is contingent upon completion of the eligibility requirements outlined above. If you are eligible to participate, your entry date is the first day...

	...following your eligibility date...
	...of the month following your eligibility date...
	...date of hire...
	Other (please specify):

...provided that you have completed a *salary reduction agreement* prior to that day.

If you are enrolling during an *annual enrollment period*, your entry date will be [ ] following the *annual enrollment period*, provided that you have completed a *salary reduction agreement*.

If you do not submit the *salary reduction agreement* to the *Plan Administrator* within [ ] days of becoming eligible, or during the *annual enrollment period*, then it will be assumed that you have decided not to participate in the *Plan*, and you will not have the opportunity to enroll until the next *annual enrollment period*.

**May I make mid-year changes in my *Plan* elections?**

If you experience such a change in status and wish to change your level of coverage, you must submit written notification to the *Plan Administrator* within [ ] days of your change in status.

The change in coverage becomes effective...

	...with the first pay period...
	...on the first day of the month...
	...on the date of the change...
	Other (please specify):

...following the date the written notification is received by the *Plan Administrator*.

### When does my participation end?

[If you have funds remaining after your termination date, you can claim *qualified dependent care flexible spending expenses* for the remainder of the *plan year* until your contributions are forfeited.]

**OPTIONAL – KEEP or REMOVE**

	If your employment terminates, and you return to eligible employment with your <i>participating employer</i> within the same <i>plan year</i> , you will not be permitted to rejoin the <i>Plan</i> .
	If your employment terminates, and you return to eligible employment with your <i>participating employer</i> : <ul style="list-style-type: none"><li>• Within 30 days, you may rejoin the <i>Plan</i> provided that you keep your original election for that <i>plan year</i>; or</li><li>• More than 30 days following termination of your participation, you may rejoin the <i>Plan</i> and make a new election for the remainder of the <i>plan year</i>, as long as the termination was not for the purpose of altering the original election.</li></ul>

Coverage for a rehired employee is effective on the:

	...date of rehire
	...first day of the month following the date of rehire
	Other:

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## BENEFITS

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### *Grace period*

To the extent that you have an unpaid balance remaining in your *qualified dependent care flexible spending account* at the end of the *plan year*, the *Plan* will also reimburse you for *qualified dependent care flexible spending expenses* which are *incurred* by you on or before the 15<sup>th</sup> day of the third calendar month (i.e., 2 ½ month period) immediately following the end of the *plan year*.

**OPTIONAL – KEEP or REMOVE**

### Debit Card Feature

Within [ ] days of using your *debit card*, you must submit an invoice or receipt from the merchant or provider of service, including the information required under “How do I file a claim for benefits.”

**OPTIONAL – KEEP or REMOVE**

### How do I file a claim for benefits?

You must submit a properly completed and documented claim to:

	...Third Party Administrator
	...Plan Administrator

**Is there a time limit for filing claims?**

All claims for reimbursement must be submitted within [ ] days following the end of the...

	...plan year...
	...grace period...

...or if earlier, [ ] days following the date you cease to participate in the Plan, or the claims will be denied.

**Is there a minimum claim amount?**

The minimum amount a participant may submit for reimbursement for qualified dependent care flexible expenses is \$[ ], except at the end of the...

	...plan year...
	...grace period...

...in which the expense was incurred.

**What if I do not use all of the money in my Qualified Dependent Care Flexible Spending Account?**

You have [ ] days after the end of the...

	...plan year...
	...grace period...

...to file a claim for any qualified dependent care flexible spending expense incurred for the...

	...plan year...
	...plan year or during the grace period...

If, on the date of termination, you have a balance remaining in your qualified dependent care flexible spending account, any qualified dependent care flexible spending expenses incurred after the date of termination but during the plan year will be reimbursed by the Plan in accordance with the guidelines in this section.

**VARIABLE – KEEP or REMOVE**

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**SALARY REDUCTION AND DISCRIMINATION**

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**How much can I elect to Contribute to my Qualified Dependent Care Flexible Spending Account?**

If you are not married you may contribute up to \$[ ] (\$0 to \$5,000) to a Qualified Dependent Care Flexible Spending Account; however, in the event that your earned income is less than \$5,000, you may contribute an amount not to exceed your earned income for the taxable year.

**Minimum Election Amounts**

The minimum amount you may elect to contribute is \$[ ] each year.

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**PLAN ADMINISTRATION**

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**Who has the authority to make decisions in connection with the Plan?**

The Plan Administrator has retained the services of the third party administrator to provide certain claims processing and other ministerial services.

**OPTIONAL – KEEP or REMOVE**

The duties of the Plan Administrator include the following:

- To appoint and supervise a third party administrator to pay claims;

**OPTIONAL – KEEP or REMOVE**

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**MISCELLANEOUS INFORMATION**

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**Will the Plan provide a statement of benefits?**

Will the Plan provide a statement of benefits? \_\_\_\_\_  
If "NO," please move on to "CLAIMS REVIEW PROCEDURE"; If "YES," please choose an option...

	On or before January 31 <sup>st</sup> of each year, the <i>Plan Administrator</i> will furnish each <i>participant</i> who received benefits under the <i>Plan</i> a written statement showing...
	Throughout the <i>plan year</i> , the <i>Plan Administrator</i> will provide access to a web-based online system to each <i>participant</i> who received benefits under the <i>Plan</i> which will show...

...the amounts paid or the expenses *incurred* by the *Plan Sponsor* in providing reimbursement under the *Plan* for *qualified dependent care flexible spending expenses* for the prior *plan year*.

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### CLAIMS REVIEW PROCEDURE

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#### Appeal of Claims or Disputed Claims

- Claims Procedures. However, should a *participant* have a claim for benefits under this *plan*, either because the wrong amount was taken from the *participant's* salary, or because the *benefit cost* was not properly paid, the *participant* must file a claim with the *Plan Administrator* within [ \_\_\_\_\_ ] days after the events given rise to the claim.