

Dependent Care Assistance Program (DCAP)

2011
Program Summary

Administered by **Application Software, Inc. (ASIFlex)**
for the
Washington State Public Employees Benefits Board (PEBB)
Program

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DCAP 2011 Program Summary

What is the Dependent Care Assistance Program (DCAP)?

The Dependent Care Assistance Program (DCAP) allows you to set aside a "before tax" portion of your gross earnings to use for eligible dependent care expenses. DCAP reduces the amount of the federal withholding and social security taxes taken from your paycheck.

How can I determine if DCAP will save me money?

Every family has a different tax situation. Consult with a tax advisor to determine if DCAP can save you more money than credits on your annual tax return. Generally, if your gross household income is greater than \$31,000, you will save more money through the DCAP than you will through tax credits.

Who is eligible to participate in DCAP?

State agency and higher-education employees as described in 182-12-114 who are eligible for PEBB benefits may participate in DCAP.

How and when can I enroll in DCAP?

You can enroll online during the Public Employees Benefits Board (PEBB) Program's annual open enrollment or submit a completed *Enrollment Form* to ASIFlex or as instructed on the form. Forms are available on the ASIFlex Web site at www.asiflex.com/pebb. You may enroll in DCAP:

- During the PEBB annual open enrollment period, which is held each fall for the following plan year;
- Within 31 days of becoming an eligible employee; or
- Within 60 days of a qualifying change in status. See "Can I change or stop my election amount midyear?" on page 7 for qualifying changes in status.

When you have completed, signed, and dated the form, keep a copy and return the original to ASIFlex or to your benefits office (as indicated on the form). If you enroll midyear, your coverage will begin on the first day of the month following receipt of your approved enrollment form. (For example, if you fax your form on July 15 and your enrollment is approved, your coverage will begin August 1.)

What eligible expenses qualify for DCAP?

Eligible expenses include charges for care of a qualifying person inside or outside your home. The main purpose must be the person's well-being and protection.

Expenses for care do not include amounts you pay for food, clothing, and entertainment. However, if these amounts cannot be separated from the cost of caring for the qualifying person(s), you can include the total cost.

Federal tax laws specify that to qualify as an eligible expense:

- *Out-of-home care* must comply with all federal requirements if the facility provides care for more than six non-resident individuals. (State and some local laws require licensing where care is provided for fewer persons.) Out-of-home care for a qualifying person age 13 or older qualifies if that person is physically or mentally incapable of self-care and regularly spends at least eight hours each day in your household.
- *Children's pre-school* may be included if your child is not in kindergarten or a higher grade.
- *Registration fees for day care* are eligible for reimbursement.

Commonly claimed expenses include:

- Before and after school care
- Daycare
- Babysitter expenses
- General purpose day camps

You can count only the cost of care in determining your eligible expense. The services must occur during the calendar year for which you are enrolled and on days you work. If you are married, they must also occur on days your spouse works (or if your spouse is a full-time student, on days your spouse attends school). **If you have a stay-at-home spouse, you are not eligible to participate in DCAP.**

If you enroll during the PEBB annual open enrollment period, your eligible expenses must be incurred January 1 through December 31 of the following year. If you become eligible and enroll at a later date, eligible expenses will begin on the first day of the month after ASIFlex approves your enrollment form. (For example, if ASIFlex approves your enrollment January 15, services provided effective February 1 are eligible for reimbursement.)

Which expenses aren't eligible?

Expenses that are not eligible include:

- Costs for your child to attend kindergarten or a higher grade.
- Camp expenses when your child stays overnight.
- Payments to a person you can claim as a tax dependent on your federal income tax return.
- Payments to your non-dependent child unless he or she will be age 19 or older by December 31 of the calendar year for which you are enrolled.
- Expenses incurred before January 1 (or other effective date of enrollment).
- Food, clothing, diapers, and entertainment separated from the cost of caring for a qualifying person.
- Membership fees.

** For a complete list of eligible expenses, please visit www.asiflex.com/pebb.*

Who is a qualifying person?

Under DCAP, the definition of a qualifying person includes:

- Your dependent who is under age 13 and who lives with you at least eight hours each day;
- Your dependent or spouse, regardless of age, who is mentally or physically incapable of self-care; or
- Your child under age 13 even if you are divorced or separated, if you have more than 50% custody of the child, even if you have released an exemption under IRC Section 152(e)(2).

What is the maximum election to DCAP?

The maximum annual DCAP election for a single person or a married couple is \$5,000 (\$2,500 for each participant if filing separate returns). Also, the amount of your DCAP election may not be more than yours or your spouse's earned income. Earned income means wages, salaries, tips, other employee compensation, and any net earnings from self-employment.

The following examples illustrate these rules.

Single employee:

Your DCAP election amount may not exceed your earned income, and may not exceed the federal maximum dollar limitation of \$5,000.

Beth, a single parent and a state employee, has three children, of whom only two require day care. Her annual earned income for the year is \$30,000 and her eligible day care expenses are \$5,200.

Due to the fixed-dollar limitation, the most Beth can elect for DCAP is \$5,000. To avoid losing any unspent funds, she may choose to be conservative and set aside a lesser amount, for example, \$4,900.

If, in our example, Beth's annual earned income had been \$5,000 or less, the most she could have contributed to DCAP would have been the amount of her earned income.

Married employee with working spouse:

Your total DCAP election amount for dependent care may not exceed the lesser of your earned income or your spouse's earned income. It may not exceed the federal fixed-dollar maximum of \$5,000 (\$2,500 each participant, if filing separate returns).

Michelle is a state employee. She and her husband Graham have two children. Michelle's annual earned income is \$38,000. Graham will earn \$4,000 from his part-time job. They will file a joint return.

The most Michelle can elect to contribute to DCAP is \$4,000, her husband's lower income. If her husband's annual salary was \$5,000, they could set aside \$5,000 to DCAP.

Married employee with student spouse (or spouse needing care):

If your spouse is a full-time student or incapable of self-care, he or she is assumed to have a minimum income of \$250 a month, if you have one qualifying person for whom care is provided. He or she is assumed to have a minimum income of \$500 a month if you have two or more qualifying people receiving care.

Your spouse must be a **full-time student** for at least five months during the calendar year to obtain the benefit of this assumption. If your spouse is a student and is employed, reimbursement of dependent care expenses is based on his or her assumed income or actual income, whichever is greater.

Will's wife, Linda, is a full-time student. They have four children. Will has a salary from the state of \$35,000. They will file a joint return.

During the calendar year, Linda is assumed, for purposes of the earned income limitation, to have a monthly income of \$500 per month while she is a full-time student. If Linda is a student during nine months of the year, the most Will can elect to contribute to DCAP is \$4,500 (\$500 per month x 9 months = \$4,500 per year).

Can I use DCAP and claim the child care tax credit on my income tax return?

You cannot claim the same expenses for DCAP and the child care tax credit. You may claim the maximum of \$5,000 in DCAP and the remaining \$1,000 as child care tax credit if you have two or more qualifying persons. **You are still required to file the *Child and Dependent Care Expenses* form with your federal tax return.**

What should I consider when estimating my eligible dependent care costs?

You must estimate the amount of eligible child and/or dependent care expenses you expect to incur during the calendar year. Be sure to consider the possibility of declining expenses as your child gets older. These also can include vacation time, sick days, etc.—times when you will not be incurring eligible expenses. You choose your annual election amount when you enroll during the PEBB annual open enrollment period. Don't set aside more than your estimate of dependent care expenses, as federal tax regulations do not allow refunds of any amount not used within a calendar year.

For more information about what happens to your unspent dollars, please see "What happens to unclaimed money in my DCAP Account" on page 9.

How is my election amount taken from my pay?

The annual salary reduction amount you choose is divided by the number of pay periods remaining in the year. It is taken equally from each regular paycheck and deposited into a dependent care account.

Can I change or stop my election amount midyear?

The annual salary reduction amount cannot be changed during the plan year unless you have one of the following qualifying changes in status. Your request for a change must be received by ASIFlex or your benefit office (as indicated on the *Enrollment Form*) within 60 days of the event. Your changes must be consistent with the qualifying event.

- Marriage
- Divorce or legal separation
- Death of a spouse or dependent
- Addition of a dependent to the eligible employee's household, such as birth or adoption of a child
- Termination of spouse's employment
- Employment of an unemployed spouse

- A change in the work hours of the eligible employee or spouse that significantly alters the need for dependent care
- A change in dependent care provider (school is considered a care provider)
- A change in dependent care provider cost (does not apply to relatives)
- No longer use dependent care services due to a child turning age 13
- Termination from state service

If you have a qualifying change in status, as indicated above, and need to change or revoke your enrollment in DCAP, you must complete a *Change of Election Form* and submit it to ASIFlex or your benefits office (as indicated on the form). Such changes require approval by ASIFlex. An explanation of the requested change may be required.

If you have a qualifying event and need to change your dependent care election, contact ASIFlex immediately.

Note: Under IRC sections 125 and 129, it may be necessary for ASIFlex to decrease the election amount of certain participants to ensure that the program does not discriminate in favor of highly compensated employees.

How does reimbursement work?

ASIFlex will mail you a supply of claim forms with your enrollment packet, which you should receive shortly after the end of the open enrollment period or after you enroll (if you enroll midyear). You can call ASIFlex Customer service at 1-800-659-3035 to request additional forms. You can also print the claim form from ASIFlex Web site at www.asiflex.com/pebb.

You may submit the *Claim Form* as frequently or as infrequently as you prefer. Please note that due to IRS regulations, you cannot submit claims for services that have not yet been **provided**. For example, if you pay for an entire month of care at the beginning of a month, and only want to submit claims once a month, you must wait until the end of the month to claim the previous month's services. (You may submit a claim at the end of each week for the previous week's services, if you would prefer to submit claims more frequently.)

You may submit claims for incurred expenses, whether or not they have been paid. (Incurred expenses mean dependent care expenses for services that have already been provided.) ASIFlex typically processes claims within one business day of receipt and sends payment the same day that a claim is processed, up to the amount you have available in your account. Requests that exceed your available funds will be paid up to the amount you have available, and excess requests will be held until your next payroll deduction. Amounts that are held will be automatically reimbursed as funds become available.

To receive reimbursement, you must submit a signed claim form along with documentation from your provider that includes:

- The name of the provider.
- The date(s) of service.
- A description of the services provided.
- The amount charged for the service.
- The name of the person for whom the services were provided.

In lieu of the substantiating documentation, you can have your care provider sign the ASIFlex *Claim Form*, and no additional documentation will be required.

Please remember to sign and date your *Claim Form*. You have until March 31 of the following year to submit a claim for eligible expenses incurred during the previous calendar year.

However all services must be incurred by December 31 of the previous calendar year.

What should I do with the completed form?

Mail or fax forms to:

Mail to: ASIFlex

P.O. Box 6044

Columbia, MO 65205-6044

Toll free fax: 1-866-381-9682

Will I receive statements?

ASIFlex will mail statements to you quarterly. Statements show all the activity on your account during the quarter. You will receive your final quarterly statement on or before January 31, following the close of the calendar year. If you are enrolled in both DCAP and the Flexible Spending Account (FSA), you will receive a combined statement.

What happens to the unclaimed money in my DCAP account?

Check your account balance each time you receive a statement **and be sure all services are provided before December 31 of each calendar year**. Under federal law, any unclaimed money in your account after March 31 of the following year will be forfeited to the plan administrator, which is the Washington State Health Care Authority (HCA) (see example below). This is why you must carefully estimate your dependent care expenses before contributing part of your salary to DCAP. Once your money is forfeited to the HCA, you will be unable to claim it. All claims for expenses incurred during a calendar year must be received by ASIFlex no later than March 31 following the end of the calendar year.

Bill elects to set aside \$5,000 for the calendar year. During the year, he incurs total eligible expenses of \$4,900.

Bill submits claim forms during the year totaling \$4,900. He will be reimbursed \$4,900, and the remaining \$100 will be forfeited to the Washington State Health Care Authority per IRS regulations and you will be unable to claim it.

How does DCAP affect my other benefits?

Your state retirement and other benefits will continue to be calculated as if you did not contribute to DCAP.

If, after your salary reduction, your remaining income is under the social security taxable wage base, your social security tax will be lower than it would be without the salary reduction. As a result, your future social security retirement benefit may also be lower.

Do I have to report provider information to the IRS?

If you use either the child care tax credit or DCAP, you must provide the name, address, and taxpayer identification number of the care provider (as well as the amount spent on care) on your federal income tax return. The taxpayer identification is not necessary if the dependent care provider is exempt from federal income taxation as described in Section 501(c)(3) of the Internal Revenue Code. The provider's name and address and the cost for care, however, must be provided in all cases.

What if I leave state service?

If you leave employment, you may continue to incur reimbursable expenses (to the extent of your account balance) **for the remainder of the calendar year** until your available funds are exhausted. You must submit claims for these expenses to ASIFlex by March 31 following the close of the calendar year in which the expenses were incurred.

Should I enroll in DCAP?

ASIFlex can't give you financial advice. We have published this guide to offer information to help you decide if DCAP makes sense for your family. A number of variables, many of which can only be estimated at the time of your enrollment, will determine the potential benefits of participation.

Nothing in this guide is intended as legal, accounting, or tax advice.

How do I request more information about DCAP?

If you have questions about DCAP or how it could affect your take-home pay, please call ASIFlex Customer Service at 1-800-659-3035, Monday through Friday 5 a.m. – 5 p.m., and Saturday 7 – 11 a.m. Pacific Time, or visit the DCAP Web site at www.asiflex.com/pebb.

This Program Summary booklet provides a brief overview of the Washington State Dependent Care Assistance Program, which is an Internal Revenue Code Section 125 and 129 Plan. The program is administered by Application Software, Inc. A copy of the state of Washington regulations governing this program is available on request.

Dependent Care Assistance Program

ASIFlex
P.O. Box 6044
Columbia, MO 65805-6044
1-800-659-3035

How can I appeal a claim denied by ASIFlex

You will receive written notice of any denied claims. If you believe ASIFlex denied your claim in error, call the ASIFlex claims office at 1-800-659-3035 to explain your position to a customer service representative. Many times a customer service representative is able to resolve the issue to your satisfaction. **However, if this is not the case, please address your appeal to:**

Claims Supervisor
ASIFlex
PO BOX 6044
Columbia MO 65205-6044
Or via toll-free fax to 1-877-879-9038

You may resubmit your claim to ASIFlex with additional information or file an appeal no later than March 31, 2012 for the 2011 DCAP Plan Year or 30 days following the denial notice, whichever is later. The ASIFlex claims office will provide you with a written notice of the resolution of this appeal within 60 days of the appeal.

Your appeal must include:

- A statement outlining why you think your request should not have been denied;
- The name of your employer;
- The date(s) of the services for which your request was denied;
- A copy of the denied request;
- A copy of the denial letter you received; and
- Any additional documents or information that you think support your appeal.

Note: Appeals are approved only if the extenuating circumstances and supporting documentation are within IRS regulations and the Washington Flex plan document governing the plan.

If you receive a denial notice from ASIFlex and you disagree with that decision, you may appeal to the PEBB appeals committee. The PEBB appeals manager must receive the notice of appeal within thirty days of the date of the appeal decision by ASI. The contents of the notice of appeal are to be provided in accordance with WAC 182-16-036. You can go to PEBB's website www.pebb.hca.wa.gov and select "File an Appeal" from the options on the left. You can submit a notice of appeal to PEBB directly online or print out the Notice of Appeal form and mail it as directed on the form.