

Qualifying Dependent Care Expenses



Under the Flexible Spending Account plan, you will be paid only for dependent care expenses meeting all the following conditions:

- ♦ The expenses are incurred for services rendered after the due date of this election and during the plan year to which it applies.
- ♦ Each individual for whom you incur expenses is:
 - ♦ A dependent under age 13 whom you are entitled to claim as a dependent (or a child or other dependent under age 13 whom you are supporting but are not entitled to claim as a dependant only because of a written declaration or decree of divorce) on your federal income tax return; or
 - ♦ A spouse or other tax dependent (or a child or other dependent under age 13 whom you are supporting but are not entitled to claim as a dependent only because of a written declaration or decree of divorce) who is physically or mentally incapable of caring for himself or herself (for example, an invalid parent). The dependent must spend at least eight hours per day in your home.
- ♦ The expenses are incurred for the care of a dependent described above, or for related household services, and are incurred to enable you or you and your spouse if married, to be gainfully employed.
- ♦ The dependent care expenses include payments to the following:
 - ♦ Child Care Centers
 - ♦ Family day care providers
 - ♦ Baby-sitter
 - ♦ Nursery School
 - ♦ Caregivers for a disabled dependent or spouse living with you
 - ♦ Household services, provided that a portion of these expenses are for a qualifying dependent to ensure the dependent's well-being
- ♦ The expenses incurred for a dependent care center (i.e. facility that provides care for more than six individuals not residing at the facility), the center complies with all applicable state and local laws and regulations.
- ♦ The expenses are not paid or payable to a child of yours who is under the age of 19 at the end of the year in which the expenses are incurred; or are not paid or payable to an individual for whom you or your spouse is entitled to a personal tax exemption as a dependent.
- ♦ The amount to be reimbursed may not be greater than the lower of your spouse's income or one half your income.
- ♦ The expenses cannot be for tuition that could be received at no cost through the public school system.

Medical Expense Worksheet



This worksheet will help you estimate your annual dependent care assistance costs for payment through your Flexible Spending Account up to \$5,000. This list is to be used as a guide and is not intended to be comprehensive. Please review the requirements for qualifying dependent care expenses to determine the eligibility of your expense. Important Note: You will only be reimbursed an amount less than or equal to what you have paid into the plan.

Qualifying Expense

Amount paid to Dependent Care Center
(e.g. your child's day care)

Amounts paid for dependent care services
outside your home

Amounts paid for dependent care services
inside your home

Other dependent care expenses:

Estimated Annual Expense

\$ _____

Total annual dependent care expenses

_____ (A)

Number of pay periods

_____ (B)

Amount of reduction per pay period (A/B)

\$ _____

The payment (when aggregated with all other dependent care payments received by you under the plan for the calendar year) may not exceed the lesser of the following limits:

(a). \$5,000 (if you are head of household or married and file a joint return) or \$2,500 (if you are married and file a separate return)

\$ _____ (a)

(b). Your taxable compensation (after all compensation reduction arrangements)

\$ _____ (b)

(c). If you are married, your spouse's actual or deemed earned income

\$ _____ (c)

For purposes of (c) above, your spouse will be deemed to have earned income of \$250 (\$500 if you have two or more dependents), for each month in which your spouse is (1) physically or mentally incapable of caring for himself or herself, or (2) a full-time student at an educational institution.