



**Work & Family
Committee**

Dependent Care Reimbursement Fund

2006 –2007

If you are eligible, you may receive reimbursement tax-free
to help you pay for the care of a dependent.
This packet contains information that you must read
prior to applying for this Fund.

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Additional information and forms may be obtained by contacting the New York and New England Regional Work and Family Staff at 646-227-6878 or sajdah.j.muhammad@verizon.com or your Local Union representative.

What is the Dependent Care Reimbursement Fund (the Fund)?

The Dependent Care Reimbursement Fund (DCRF), established in 1994 as part of the collective bargaining agreement, was created to help employees pay a portion of their child or elder care expenses.

Carefully review the information contained in this package. Licensed care, legal custodial arrangements and total 2005 adjusted gross family income are major determinants for fund participation. In addition to the application form, you must submit all 2005 IRS 1040 and W2's for your household. Reimbursement begins going forward when all your information has been verified and approved.

The reimbursement is not taxed as long as the amount you receive plus any amount you have set-aside in the Dependent Care Spending Account(DCSA) (and any similar accounts of your spouse) does not exceed \$5,000 (\$2,500 if you and your spouse file separate tax forms). Contact the Verizon Benefit Center at 1-877-275-8947 for more information on the Dependent Care Spending Account (DCSA).

Key Points to Know:

- The Fund is part of the collective bargaining agreement between the CWA, IBEW 2213 and Verizon. The New York Regional Work and Family Committee oversees the Fund. Committee membership is composed of CWA, (New York and New England) IBEW 2213 and Verizon New York management representatives.
- The Fund rules and eligibility requirements are determined by the NY/NE Regional Work and Family Committee and the Internal Revenue Services.
- The NY/NE Regional Work and Family staff administers the Fund and makes application and reimbursement approvals based on the guidelines set by the NY/NE Regional Work and Family Committee and the Internal Revenue Service.
- Reimbursement is for eligible dependents.
- Reimbursement amount is up to \$75.00 per week. Your dependent must be in the care of the provider and you must be at work.
- School tuition to attend kindergarten or a higher grade is not reimbursable.

Employee Eligibility

Key Points to Know:

- **In order to collect any money from the DCRF you must be at work**
- Participants in the Fund must meet the following requirements:
- You must be a CWA (NY, New England), IBEW 2213 or Verizon New York Management employee.
- Have at least 6 months net credited service.
- If you are married but file head of household or single, you must include your spouse's W2 form as well as his/her 1040
- You must be in need of dependent care in order to work. Under Federal Law, you and your spouse must be working during the hours your dependents are in care in order to make this a tax-free benefit. The only exceptions are when your spouse is a full-time student, or is actively seeking work (i.e. unemployment), or is physically or mentally incapable of self-care.
- Fund reimbursement cannot be used to pay for child support.
- You pay a legally operating provider for the care of a dependent.
- If your child/children are not shown on your IRS 1040 form, due to birth, custodial care, foster care or adoption, you must attach a copy of the child's birth certificate or appropriate legal documentation.
- In the event of a significant lifestyle change, i.e. divorce or death of a spouse, you may apply and your eligibility will be determined by the NY/NE Regional Work and Family Committee.

Dependent Eligibility

The Fund is a tax-free benefit and eligible dependents are defined by the Internal Revenue Service (IRS) rules and regulations.

Key Points to Know:

Your reimbursed dependent care expenses must be for one of the following:

- Your child/children under 13 years of age that is listed on your IRS 1040 Form as a dependent. During the summer months of June, July and August age requirements have expanded to include 13 to 15 years olds.
- Your spouse who is physically or mentally unable to care for himself or herself.
- Your dependent that is physically or mentally unable to care for himself or herself.

Provider Eligibility

The Fund is a tax-free benefit and providers must comply with the Internal Revenue Service (IRS) rules and regulations.

Key Points to Know:

- Providers must be licensed or legally operating. If you don't know whether your care is legally operating you can call VZ-LIFE at 800-845-0632, TTY 800-832-9559 or access website www.verizon.com/life for help.
- You pay for care for any other person unable to provide self-care who qualifies as your dependent (adult or child) for federal income tax purposes and who lives with you in your home.
- Providers cannot be a dependent listed on your 1040 Form.
- Providers cannot be your child under the age of 18 years or be your dependent child under 19 years of age.
- Please be sure to notify your provider that VERIZON will be calling. Your provider should be prepared to verify the amount he/she charges for providing care, hours/days the child is in their care and their license number, registration number, and/or social security number.
- You must report your provider's name, address, and social security or tax identification number on the Enrollment Application, employee Monthly Reimbursement form and IRS income tax forms.
- For the purpose of this fund your "provider" must file income tax each year at tax reporting time. Your provider must report all payments he/she receives as a result of this fund. Please remember your provider works for you.
- According to the IRS guidelines, you must not request reimbursement when you are on vacation, out on incidental or disability absence, leave of absence or any other days when you are not present at work.
- You are not eligible to receive reimbursement for any time spent while you are attending college or taking any classes out of your normal working schedule. The only time you are eligible to receive reimbursement is the period of time when you and your spouse are at work.

Enrollment

The information provided in your enrollment application form will be verified by the NY/NE Regional Work and Family Staff. If you are eligible to participate and the expenses are reimbursable under the Fund, you will be notified by receiving an acceptance letter in the mail. If you are not eligible, you will be notified via US Mail.

Key Points to Know:

- You must meet the eligibility rules for employees (Page 4), dependents (Page 4) and providers (Page 5).
- Your 2005 IRS 1040 Form and all W-2's for your household (including your spouse, if you live with your spouse and file separately) must be included with your application.
- If your child/children are not shown on your IRS 1040 form, due to birth, custodial care, foster care or adoption, you must attach a copy of the child's birth certificate or appropriate legal documentation.
- During the summer months of June, July and August age requirements have expanded to include 13 to 15 years olds who are in summer care or attend summer day camp. **This benefit is a taxable benefit since it exceeds the IRS age requirements for a tax-free benefit.**
- If you or your spouse is self-employed and filed income tax for your business, you must attach a copy of the IRS Schedule C, which is filed along with your business form.
- Send completed applications and supporting information to:

**NY/NE Regional Work & Family
Sajdah Muhammad
240 E 38th /237 E 37th Street
15th Floor
New York, NY 10016**

Employees are responsible for the submissions of valid information on all enrollment and claim forms. Failure to do so may jeopardize the employee's participation in the Fund.

Reimbursement

After you have been approved for Fund participation, to be reimbursed, you must complete the DCRF Monthly Reimbursement Form and have your provider sign or submit payment receipts for dependent care. You will be reimbursed through the payroll system.

Key Points to Know:

- You must submit an original **DCRF Monthly Reimbursement Form** for each month for each child and for each provider if more than one.
- **DCRF Monthly Reimbursement Form** must be received by the NY/NE Regional Work and Family Staff no later than **the Second Friday** of each month for the previous month's services
- Enrollment Applications must be validated and accepted by the NY/NE Regional Work and Family Staff prior to any payments being made.
- Reimbursement will appear in your paycheck on the last Thursday of each month for the previous month's expenses. Reimbursement amount is up to \$75.00 per week.
- Send monthly reimbursement claims **for date verification** (it is recommended that you use U.S. mail only) to:
 - NY/NE Regional Work and Family
 - Sajdah Muhammad
 - 240 East 38th /237 E 37th Street
 - 15th Floor
 - New York, NY 10016

Fax or Xerox copies will not be accepted.

- Employees are responsible for the submission of valid information on all enrollment and claim forms. Failure to do so may jeopardize the employee's participation in the Fund.

Tax Implications

Each employee is responsible to comply with the IRS guidelines. Employees should consult a tax advisor about their particular circumstances.

Key Points to Know:

- Each household is limited to \$5,000 of tax-free reimbursement per tax year (the limit is \$2,500 if you and your spouse file separate tax returns).
- The \$5,000 tax-free limit includes the monies from the Fund, and any amount an employee sets aside through the Verizon Dependent Care Spending Account or amounts a spouse sets-aside in another dependent care account.
- During the summer months of June, July and August age requirements have expanded to include 13 to 15 years olds who are in summer care or attend summer day camp. **This benefit is a taxable benefit since it exceeds the IRS age requirements for a tax-free benefit.**
- Any reimbursement over the \$5,000 limit will be taxed as income. Remember any reimbursement in excess of the IRS allowed tax-free level is subject to additional taxation depending on how you file you taxes. Since tax situations vary by employee, Verizon is not responsible for notifying employees or calculating for employees, when the reimbursement exceeds the tax-free benefit allowed by the IRS, becoming taxable income.
- **Check with a tax advisor to ensure your compliance with the IRS laws.**

Appeal Process

If you are declared not eligible to participate in the Fund, or if the reimbursement request you submit is denied, you may appeal this decision.

Key Points to Know:

- Appeals must be submitted in writing to the NY/NE Regional Work and Family Committee with details of your situation. Enclose all necessary documentation and phone #'s for clarification.
- Your appeal **must** be received by the committee within 45 days of your written notification of denial.

Where do I send my appeal?

Written appeals must be received within 45 days of your notification of denial.

Send appeals to:

NY/NE Regional Work and Family
Sajdah Muhammad
240 East 38th /237 E 37th Street
15th Floor
New York, NY 10016

DEPENDENT CARE REIMBURSEMENT FUND

Checklist of what you need to do to enroll in Fund

- Read the Application packet for employee, dependent, and provider eligibility
- Gather your complete 2005 1040 and 2005 W-2 forms for your household (and spouse if your spouse lives with you and files separately).
- Answer all questions on the application form (Pages 10- 11)
- Read, complete, sign and date the certification form (Page 12)
- Send the completed application, certification form, and copy of your W2, entire federal tax return and any custody/support documents, if applicable, to:

NY/NE Regional Work and Family
Sajdah Muhammad
240 East 38th /237 E 37th Street
15th Floor
New York, NY 10016

Checklist of what you need to do to be reimbursed

- Each month, have your dependent care provider(s) complete and sign the Monthly Reimbursement form in ink or attach receipt. You will receive this form once your application has been approved.
- Completely fill-out the Monthly Reimbursement form
- The NY/NE Regional Work and Family Staff must receive the Monthly Reimbursement form by the second Friday of the month for the prior months expenses. Send to:

NY/NE Regional Work and Family
Sajdah Muhammad
240 East 38th / 237 E 37th Street
15th Floor
New York, NY 10016

CWA

VERIZON

IBEW 2213

Dependent Care Reimbursement Fund- Enrollment Application 2006-2007

<input type="checkbox"/> New Enrollment		<input type="checkbox"/> Re-enrollment Must re-enroll in May of each year	
EMPLOYEE LAST NAME FIRST NAME		SOCIAL SECURITY NO.	NET CREDITED SERVICE DATE
<u>HOME ADDRESS</u>		<u>WORK ADDRESS</u>	
CITY STATE ZIP CODE	CITY STATE ZIP CODE		
HOME TELEPHONE NUMBER		ROOM AND FLOOR NUMBER	
E-MAIL ADDRESS		BUSINESS TELEPHONE NUMBER	
CELL PHONE NUMBER		FAX NUMBER	
<input type="checkbox"/> CWA Local _____	<input type="checkbox"/> IBEW 2213	<input type="checkbox"/> NEW YORK MANAGEMENT	
Marital status	<input type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	
	<input type="checkbox"/> MARRIED	<input type="checkbox"/> LEGALLY SEPARATED	
<ul style="list-style-type: none"> ➤ If you filed a joint return for prior year and are no longer married attach legal documentation. ➤ If you are married but file separately you must attach a copy of your spouse's IRS 1040 form and W-2. ➤ There is a \$5,000.00 ceiling on the amount of dependent care assistance benefits that an employee may exclude from gross income. The amount is \$2,500.00 in the case of a separate return made by a married person. Thus, there may be some limitation if you or your spouse participates in the Fund and in any other dependent care assistance plan. CONSULT YOUR TAX ADVISOR ON HOW THIS MAY AFFECT YOU. 			
DEPENDENT INFORMATION			
➤ YOUR ELIGIBLE DEPENDENTS ARE: YOUR DEPENDENT CHILDREN UNDER 13, OR ANY OTHER PERSON WHO QUALIFIES AS YOUR DEPENDENT FOR FEDERAL INCOME TAX PURPOSES WHO IS PHYSICALLY AND OR MENTALLY INCAPABLE OF SELF-CARE, INCLUDING A SPOUSE, ADULT RELATIVE OR CHILD OVER THE AGE OF 13, AND WHO LIVES WITH YOU.			
➤ IS YOUR DEPENDENT (S) SHOWN ON YOUR IRS 1040 TAX REPORTING FORM?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YOU CHECKED "NO" FOR ANY DEPENDENT, ATTACH EXPLANATION OF LEGAL CUSTODIAL ARRANGEMENTS. IF YOU CLAIM THE DEPENDENT ON YOUR FEDERAL TAX RETURN, CHECK "YES". IF YOU CHECK "NO" YOU MUST SUBMIT ONE OR BOTH OF THE FOLLOWING: BIRTH CERTIFICATE, LEGAL CUSTODIAL ARRANGEMENTS. IN ORDER TO BE ELIGIBLE TO PARTICIPATE IN THE FUND, YOUR DEPENDENT MUST RESIDE WITH YOU, AND MUST BE CLAIMED ON YOUR INCOME TAX.			
DEPENDENT FULL NAME	DEPENDENT SOCIAL SECURITY NO.	DEPENDENT DATE OF BIRTH	DEPENDENT AGE

CARE PROVIDER INFORMATION

EMPLOYEE NAME				
NAME OF DEPENDENT RECEIVING CARE			AGE	DATE OF BIRTH
TYPE OF CARE PROVIDED				
<input type="checkbox"/> RELATIVE (NON-SPOUSE) <input type="checkbox"/> FAMILY CHILD CARE PROVIDER (CARE PROVIDED OUTSIDE EMPLOYEE'S HOME) <input type="checkbox"/> CARE PROVIDED AT EMPLOYEE'S HOME <input type="checkbox"/> CHILD CARE CENTER OR NURSERY SCHOOL <input type="checkbox"/> BEFORE SCHOOL PROGRAM <input type="checkbox"/> AFTER SCHOOL PROGRAM <input type="checkbox"/> SUMMER CAMP (DAY CAMP ONLY)		<input type="checkbox"/> ADULT/ELDER DAY PROGRAM <input type="checkbox"/> IN-HOME SERVICES (MEALS, BATHING, SUPERVISION, PERSONAL CARE, ETC) <input type="checkbox"/> IN-HOME MEDICAL SERVICES MEDICATION ADMINISTRATION, HOME HEALTH SERVICES <input type="checkbox"/> OTHER: (EXPLAIN)		
TO BE COMPLETED BY YOUR CARE PROVIDER ONLY LEGALLY OPERATING CARE IS PERMISSABLE				
PROVIDER'S FULL NAME				
LICENSE NUMBER	REGISTRATION NO.	TAX ID	SOCIAL SECURITY NO.	
PROVIDER BUSINESS ADDRESS				
CITY	STATE	ZIP		
PROVIDER'S BUSINESS TELEPHONE NUMBER				
WEEKLY COST OF CARE	HOURLY COST OF CARE	MONTHLY COST OF CARE		
Is care provided Monday- Friday? Yes No		What hours is care provided?		
Is care provided on Saturday and Sunday?		Is care provided less than 5 days per week? Yes No If yes what days is care provided? Sun Mon Tues Wed Thurs Fri Sat		
➤ PROVIDERS WHO ARE NOT LICENSED OR REGISTERED MUST FILE INCOME TAX AT TAX PREPARATION TIME. PROVIDERS MUST CLAIM ALL INCOME RECEIVED FROM THE VERIZON EMPLOYEE AS REQUIRED BY THE IRS.				
PROVIDER'S PRINTED NAME				
PROVIDER'S SIGNATURE				DATE

EMPLOYEE CERTIFICATION

EMPLOYEE MUST INCLUDE A COPY OF THE PRIOR YEAR FEDERAL INCOME TAX RETURNS AND A COPY OF PRIOR YEAR W-2's WITH THIS APPLICATION

I certify that I am

- Married
- Single
- Divorced
- Legally Separated

I certify that the Child(ren) listed as dependent(s) on this application is/are less than 13 years old and will be listed as a dependent(s) on my current Federal Income Tax return. If I am divorced or legally separated I certify that the child(ren) listed as dependents(s) on this application is/are less than 13 years old and is/are in my custody for the greater part of the year. Dependents(s) other than children under age 13 listed on this form is/are physically and mentally incapable of self-care and qualify as my dependents(s) for Federal Income Tax purposes. The dependent(s) spends(s) at least 8 hours a day in my home. These are the IRS guidelines.

If married, my spouse is employed or is actively seeking employment, or is a full-time student, or is physically or mentally disabled and unable to provide self-care.

I certify that my provider is not a relative listed as a dependent on my Federal income tax return and not my own child under the age of 19. To the best of my knowledge my provider is in compliance with all the laws and regulations governing the operation of the business.

I assume all responsibility for determining the quality and capability of a childcare dependent care provider, and I assume all responsibility for choosing a provider. I understand that VERIZON, CWA and IBEW 2213 do not hire, train or supervise child or dependent care providers, nor do they screen, endorse, or recommend any provider of care, nor represent or guarantee that the provider I have chosen will provide quality care. I understand that VERIZON, CWA and IBEW 2213 are neither responsible nor liable for any injuries or damages of any nature suffered as result of the acts or omission of a provider of care in the operation of its business.

I understand that VERIZON, CWA and IBEW 2213 retain the right to change the eligibility requirements or amount of reimbursement as well as any other provision of the Dependent Care Reimbursement Fund.

I understand that it is my responsibility to notify the New York and New England Regional Work & Family Committee of any lifestyle change, i.e., Marriage, Birth, or adoption of a child.

I understand that my eligibility for reimbursement terminates upon my termination of employment with Verizon.

I certify that, to the best of my knowledge, the information I have provided on this form is correct.

EMPLOYEE SIGNATURE

Date

Frequently Asked Questions and Answers

Q: What if I don't have copies of my tax returns and W-2's?

A: Applications will not be considered without supporting tax information. A transcript is not acceptable. Copies of your tax return can be requested from the IRS. Copies of your W-2's can be requested from your employer's payroll department.

Q: What does it mean that I pay for dependent care in order to work?

A: Under federal law, you (and your spouse, if applicable) need to be working during the hours your dependents are in care in order to make this benefit tax-free. The only exceptions are when your spouse is a full-time student, is actively seeking work, or is physically or mentally incapable of self-care. In this case, special rules apply and you may want to seek further guidance about your particular situation.

Q: I am enrolled and eligible but no longer wish to participate, what should I do?

A: Send written notice of withdrawal to: NY/NE Regional Work and Family, Sajdah Muhammad, 240 East 38th /237 E 37th Street, 15th Floor, New York, NY 10016.

Q: My spouse is also a Verizon employee. If we meet the income eligibility requirements can we both participate in the Fund.

A: No, If both spouses work for Verizon, the family can only be reimbursed once for care. Remember, this also holds true for shared custody and separation. Be sure to send legal documentation to the NY/NE Regional Work and Family Staff.

Q: What is the difference between the Dependent Care Spending Account (DCSA) and the Dependent Care Reimbursement Fund (DCRF)?

A: Under the Dependent Care Spending Account you may reduce your take home pay by setting aside a portion of your income to pay for dependent care expenses. You do not pay taxes on the amount you set-aside from your take home pay. Any amount you set-aside but do not use for dependent care by the end of the year cannot be refunded to you. The total amount that the IRS allows you to set aside and be tax-free is \$5,000 (\$2,500 if you and your spouse file separate tax forms). Contact the Verizon Benefit Center at 1-877-275-8947 for more information. **The Work and Family Committee or Staff does not handle the DCSA.**

Q: Can I participate in both the Reimbursement Fund and the Spending Account?

A: Yes. Eligible employees can be reimbursed through the Fund AND set-aside a portion of their income in the Spending Account and not pay any taxes, up to a combined total of \$5,000. For example, if you anticipate collecting \$2400 for the next year from the Fund, then you and your spouse would not want to put more than \$2600 in the Dependent Care Spending Account (or similar fund for your spouse) for that year, if you want to avoid having to pay taxes on amounts over \$5,000. Any amount over the \$5,000 maximum per family per year is subject to taxes. Remember any reimbursement in excess of the IRS allowed tax-free level is subject to additional taxation depending on how you file you taxes. Since tax situations vary by employee, Verizon is not responsible for notifying employees, or calculating for employees, when the reimbursement exceeds the tax-free benefit allowed by the IRS, and becomes taxable income.

Q: When does reimbursement for the care of my 13-year-old end?

A: Reimbursement ends on the last day of the month prior to the month in which they turn 13 years old.

Q: My 11 year-old children will be going away to camp for two weeks next summer. Can I be reimbursed for this care?

A: No. Federal law provides that expenses for **overnight** camp may not be reimbursed by the Fund. However, expenses for day camps during school vacations (including summer vacation) are eligible for reimbursement, as long as you can provide the tax ID of the day camp, and the day camp is legally operating. This fund is so you can go to work.

Q: If my spouse is disabled or simply does not work, can I participate in the Fund?

A: Yes, as long as your spouse is physically or mentally incapable of self-care, qualifies as your dependent for federal income tax purposes, and lives in your home.

If your spouse is a full-time student, or is actively seeking work i.e. unemployment, you may participate in the Fund. If your spouse is not working for other reasons, you are not eligible to participate in the Fund. Special rules may apply in these situations and you should speak to your tax advisor regarding your circumstances.

Q: I claim my grandfather as a dependent on my federal income tax return. He lives alone, and requires someone to come into his home to provide care. Can I be reimbursed for part of this expense?

A: No, the law provides that your dependent must live in your home in order to be eligible for reimbursement of your care expenses.

Q: My father is in a nursing home, and I help pay for this care. Can I be reimbursed for part of this expense?

A: No, the law provides that out-of-home care cannot be reimbursed unless your dependent lives in your home.

Q: My mother currently cares for my children in my home while I work. Can I continue this arrangement and participate in the Fund?

A: Yes, as long as:

1. You pay for the care.
2. You do not claim your mother as a dependent on your tax return, and
3. Your mother is licensed as or legally operating as a child care provider "When should my provider be registered or licensed?" (page 5 – VZ Life references)
4. If not licensed but meet requirements, the provider must report these monies to the IRS as income.

Q: The enrollment form asks for personal information. Who will see this information?

A: The information you provide in your enrollment materials will be kept confidential. The only people who will see the completed forms will be those directly involved in the administration of the program.

Q: If I have dependent care expenses, how do I start receiving money from the subsidy program?

A: A completed enrollment application must be submitted and your participation approved before you may begin to submit monthly claims for reimbursement.

Q: Do I have to re-enroll into the Program each year?

A: Yes. Employees approved to participate in the fund must provide income verification through IRS tax return forms and W-2 statements in May of each year for the prior tax year.

Q: Do I need to submit a receipt in order to receive reimbursement for dependent care expenses if I use a provider which meets legal requirements but is not licensed?

A: Reimbursements will not be approved without a completed **Request for Reimbursement Monthly form** (Page 13) from the employee and the provider's signature or receipt. Only forms filled out in ink bearing original signatures will be accepted. Retain copies of your submitted claims for your records.

Q: What if my provider will not give me her social security number or tax identification number?

A: You cannot participate in the Fund unless you provide the dependent care provider's name, address, and social security or tax identification number on the Enrollment Application and Employee Request for Reimbursement Monthly form. If you wish to change providers, Verizon VZ Life program will assist you in finding alternative care arrangements. You can reach VZ Life by calling 1-800-845-0632.

Q: How often do I need to complete and submit a Request for Reimbursement Form?

A: The Monthly Reimbursement Form must be submitted to the NY/NE Regional Work and Family Staff by the second Friday of the month, for the prior month's expenses. Blank claim forms can be reproduced locally. You should keep copies of your dependent care claim receipts for your records. In order to receive payment for the prior month, applications must be received by the second Friday of every month.

Q: What if my child has 2 or more providers in the same claim period?

A: If a dependent has 2 or more providers in the same claim period, and the total reimbursement claim for both providers is less than the maximum amount for the month, a separate Monthly Reimbursement Form must be completed for each provider and submitted to the Work and Family Staff.

Q: If I'm not at work because of vacation, scheduled days off, half days off or other absences, can I still get reimbursed?

A: No, you and your spouse must both be working in order to be reimbursed through the Fund. You are not eligible when out of work for any reason.

Q: Do I have to pay taxes on my reimbursement payments from the Fund?

A: Not if the reimbursement is within the IRS allowed \$5,000 limit per household.

Q: How do I know how much I've been reimbursed?

A: You should keep copies of your reimbursement requests for your records. Additionally, in each paycheck that you receive Fund reimbursement, the amount of reimbursement for that paycheck, plus the year to date total will be shown.

Q: Can I claim the child and dependent care tax credit on my personal income tax return if I participate in the Fund?

A: Expenses that are eligible to be used to calculate your tax credit must be reduced by amounts received from the fund and by non-taxable dependent care benefits you and your spouse receive from other sources. **Consult your tax advisor for clarification.**

Please forward your completed enrollment applications to:

Verizon Work & Family Committee

NY/NE Regional Work and Family

Sajdah Muhammad

240 East 38th /237 E 37th Street

15th Floor

New York, NY 10016

Phone: 646-227-6878

Email: sajdah.j.muhammad@verizon.com

Any questions, please call:

CWA Local 1104

Kim Young, Exec. Vice President
107 Murray Street
Binghamton, New York 13905
Phone: 607-762-1104
Fax: 607-773-5473
Email: kyoung@cwa1104.com

CWA Local 1105

Beatrice Zapata, Secretary
3223 East Tremont Avenue
Bronx, New York 10461
Phone: 718-430-1500
Fax: 718-828-3204
Email: Beatrice@cwa1105.org

CWA Local 1106 & Downstate Plant Locals

Anne Holland-McCauley, Secretary Treasurer
221-10 Jamaica Avenue
Queens Village, New York 11428
Phone: 718-479-1106
Fax: 718-479-1128
Email: moneyholland@aol.com

IBEW 2213

Christine Girona, Assistant Business Manager
111 Twin Oaks Drive
Syracuse, New York 13206
Phone: 315-438-3322
Fax: 315-432-8255
Email: christine@ibew2213.org

CWA Local 1109

Christopher Calabrese, Business Agent
1845 Utica Avenue
Brooklyn, NY 11234
Phone: 718-444-1109
Fax: 718-531-1141
Email: Ccalabrese@cwa1109.org

CWA Local 1104-Downstate

Stella Pereyra, Business Agent
One Florgate Road
Farmingdale, NY 11735
Phone: 516-420-1104
Fax: 516-420-8390
Email: spereyra@cwa1104.com

CWA Local 1103

Elizabeth Felicione
345 Westchester Ave
Port Chester, NY 10573
Phone: 914-939-8200
Fax: 914-939-5854

CWA Local 1108

Beth Boland, Business Agent
242 Waverly Avenue
Patchogue, NY 11772
Phone: 631-654-1108
Fax: 631-654-1057
Email: Beth@cwa1108.org

CWA Local 1118 & Upstate Plant

Diane L. Stangle, Exec. Vice President
4 Wembley Court
Albany, New York 12205
Phone: 518-862-0095
Fax: 518-862-0651
Email: CWA1118@aol.com

CWA Local 1108

Donna M. Edwardsen, Business Agent
242 Waverly Avenue
Patchogue, NY 11772
Phone: 631-654-1108
Fax: 631-654-1057
Email: Donna@cwa1108.org

CWA Local 1100

Lorna M. Jirves, Secretary/Treasurer
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