

DEPENDENT CARE ENROLLMENT WORKSHEET

Please take time to answer the questions on this form which apply to you. Your responses will be used to determine if any additional benefits can be added to your specific program, and will be kept in strict confidence. You may want to review your checkbook register to help you complete this form.

Please take the time to print the answers required.

Employer _____

Name _____ SS# _____

Address _____ City/State _____ Zip _____

Ages of children _____

Spouse's Name _____ Spouse's Employer _____

INSTRUCTIONS: Section A refers to your current payroll deductions. Section B refers to current out-of-pocket dependent care expenses.

A. List the amounts deducted from your paycheck for each of the following:

- | | |
|-------------------------------|----------|
| 1. Group health insurance? | \$ _____ |
| 2. Group term life insurance? | \$ _____ |
| 3. Group dental insurance? | \$ _____ |
| Premium total per pay | \$ _____ |

B. List the amounts paid out-of-pocket for dependent care expenses:

- | | | |
|--|----------|-----------|
| 1. What are your child care expenses? (If you are a single parent or your spouse works.) | \$ _____ | per _____ |
| 2. What are your expenses for dependent care of children 13 or older or for parents (incapable of self care)? | \$ _____ | per _____ |

DEPENDENT CARE LIMITATIONS: Deposits into a Dependent Care FSA Cannot exceed the lesser of \$5,000.00 (\$2,500.00 for a married person filing separately) or spouse's earned income, (a spouse will be deemed to have earned income of \$200.00 per month if a full time student for five months or disabled.) If your spouse does not work or is not disabled or a full time student, you cannot participate in Dependent Care FSA. A dependent is defined as your child/stepchild under age 13 for whom you may claim an exemption or deduction, or other such dependent of any age as defined in Section 152 of the IRC who are physically or mentally incapable of self care.