

## **DEPENDENT CARE FSA FREQUENTLY ASKED QUESTIONS**

### **Q-1. Who can participate in the Plan?**

Each employee who satisfies the Dependent Care FSA Eligibility Requirements is eligible to participate in the Dependent Care FSA on the Dependent Care FSA Eligibility Date. The Dependent Care FSA Eligibility Requirements and Eligibility Date are described in the Plan Information Summary.

### **Q-2. How do I become a Participant?**

If you have otherwise satisfied the Dependent Care FSA's Eligibility Requirements, you become a participant in the Dependent Care FSA by electing Dependent Care Reimbursement benefits during the Initial or Annual Election Periods. Your participation in the Dependent Care FSA will be effective on the date that you make the election or your Dependent Care FSA Eligibility Date, whichever is later. If you have made an election to participate and you want to participate during the next Plan Year, you must make an election during the Annual Election Period, even if you do not change your current election.

You may also become a participant if you experience a change in status event or cost or coverage change that permits you to enroll midyear.

### **Q-3. What is my “Dependent Care Account”?**

If you elect to participate in the Dependent Care FSA, the Employer will establish a “Dependent Care Account” to keep a record of the reimbursements you are entitled to, as well as the contributions you elected to withhold for such benefits during the Plan Year. No actual account is established; it is merely a bookkeeping account. Benefits under the Dependent Care FSA are paid as needed from the Employer’s general assets except as otherwise set forth in the Plan Information Summary.

### **Q-4. When does my coverage under the Dependent Care FSA end?**

Your coverage under the Dependent Care ends on the earlier of the following to occur:

- The date that you elect not to participate in accordance with the Flexible Benefit Plan Summary;
- The last day of the Plan Year unless you make an election during the Annual Election Period;
- The date that you no longer satisfy the Dependent Care FSA Eligibility Requirements;
- The date that you terminate employment; or
- The date that the Plan is terminated or you (or the class of eligible employees of which you are a member) are specifically excluded from the Plan.

If you terminate employment or you cease to be eligible during the Plan Year, you may submit for reimbursement Eligible Dependent Care Expenses incurred after the date of separation up to the amount of your Dependent Care Account to the extent set forth in the Plan Information Summary.

### **Q-5. Can I ever change my Dependent Care FSA election?**

You can change your election under the Dependent Care FSA in the following situations:

- *For any reason during the Annual Election Period.* You can change your election during the Annual Election Period for any reason. The election change will be effective the first day of the Plan Year following the end of the Annual Election Period.

- *Following a Change In Status Event or Cost or Coverage Change.* You may change your Dependent Care FSA election during the Plan Year only if you experience an applicable Change in Status Event or there is a significant cost or coverage change.

#### **Q-6. What happens to my Dependent Care Account if I take an unpaid leave of absence?**

Refer to the Flexible Benefit Plan Summary and the Election Change Appendix to determine what, if any, specific changes you can make during a leave of absence.

#### **Q-7. What is the maximum annual Dependent Care Reimbursement that I may elect under the Dependent Care FSA?**

The annual amount cannot exceed the maximum Dependent Care Reimbursement amount specified in Section 129 of the Internal Revenue Code. The maximum annual amount is currently \$5,000 per Plan Year if you –

- are married and file a joint return;
- are married but your Spouse maintains a separate residence for the last 6 months of the calendar year, you file a separate tax return, and you furnish more than one-half the cost of maintaining those Dependents for whom you are eligible to receive tax-free reimbursements under the Dependent Care FSA; or
- are single.

If you are married and reside together, but file a separate federal income tax return, the maximum Dependent Care Reimbursement that you may elect is \$2,500. In addition, the amount of reimbursement that you receive on a tax free basis during the Plan Year cannot exceed the lesser of your earned income (as defined in Code Section 32) or your spouse's earned income.

Except to the extent permitted by law, your Spouse will be deemed to have earned income of \$250 if you have one Qualifying Individual and \$500 if you have two or more Qualifying Individuals (described below), for each month in which your Spouse is:

- physically or mentally incapable of caring for himself or herself, or
- a full-time student (as defined by Code Section 21).

#### **Q-8. How Do I Pay for Dependent Care Reimbursements?**

When you complete the Flexible Benefit Enrollment Form, you specify the amount of Dependent Care Reimbursement you wish to pay for with Pre-tax Contributions and/or Employer Contributions (or Benefit Credits), to the extent available. Your enrollment material will indicate if Employer Contributions or Benefit Credits are available for Dependent Care FSA coverage. Thereafter, each paycheck will be reduced by an amount equal to a pro-rata share of the annual contribution, reduced by any Non-elective Employer Contributions and/or Benefit Credits allocated to your Dependent Care Account.

#### **Q-9. What is an “Eligible Dependent Care Expense” for which I can claim a reimbursement?**

You may be reimbursed for work-related dependent care expenses (“Eligible Dependent Care Expenses”). Generally, an expense must meet all of the following conditions for it to be an Eligible Dependent Care Expense:

- The expense is incurred for services rendered after the date of your election to receive Dependent Care Reimbursement benefits and during the calendar year to which it applies.
- Each individual for whom you incur the expense is a “Qualifying Individual.” A Qualifying Individual is:
  - An individual age 12 or under who is a “qualifying child” of the Employee as defined in Code Section 152(a)(1). Generally speaking, a “qualifying child” is a child (including a brother, sister, step sibling) of the Employee or a descendant of such child (e.g. a niece, nephew, grandchild) who shares the same principal place of abode with you for more than half the year and does not provide over half of his/her own support; or
  - a Spouse or other tax Dependent (as defined generally in Code Section 152) who is physically or mentally incapable of caring for himself or herself and who has the same principal place of abode as you for more than half of the year. For purposes of this Dependent Care FSA only, a Dependent means an individual who is your tax dependent as defined in Code Section 152 or any individual who would otherwise qualify as your tax dependent under Code Section 152 but for the fact that (i) the individual has income in excess of the exemption amount set forth in Code Section 151(d); (ii) the individual is a dependent of a Participant who is a tax dependent of another taxpayer under Code Section 152 or (iii) the individual is married and files a joint return with his/her spouse. In addition, a child to whom Section 152(e) applies (a child of divorced or separated parents who resides with one or both parents for more than half the year and receives over half of his/her support from one or both parents) may only be the qualifying individual of the “custodial parent” (as defined in Code Section 152(e)(3)) without regard to which parent claims the child on his or her tax return.
- The expense is incurred for the care of a Qualifying Individual (as described above), or for related household services, and is incurred to enable you (and your Spouse, if applicable) to be gainfully employed. Expenses for overnight stays or overnight camp are not eligible. Tuition expenses for kindergarten (or above) do not qualify.
- If the expense is incurred for services outside your household and such expenses are incurred for the care of a Qualifying Individual who is age 13 or older, such Dependent regularly spends at least 8 hours per day in your home.
- If the expense is incurred for services provided by a dependent care center (i.e., a facility that provides care for more than 6 individuals not residing at the facility), the center complies with all applicable state and local laws and regulations.
- The expense is not paid or payable to a “child” (as defined in Code Section 152(f)(1)) of yours who is under age 19 by the end of the year in which the expense is incurred or an individual for whom you or your Spouse is entitled to a personal tax exemption as a Dependent.
- You must supply the taxpayer identification number for each dependent care service provider to the IRS with your annual tax return by completing IRS Form 2441.

You are encouraged to consult your personal tax advisor or IRS Publication 17 “Your Federal Income Tax” for further guidance as to what is or is not an Eligible Dependent Care Expense if you have any doubts. In order to exclude from income the amounts you receive as reimbursement for dependent care

expenses, you are generally required to provide the name, address and taxpayer identification number of the dependent care service provider on your federal income tax return.

#### **Q-10. How do I receive reimbursement under the Dependent Care FSA?**

When you incur an Eligible Dependent Care Expense, you file a claim with the Plan's Third Party Administrator by completing and submitting a Request for Reimbursement Form. You may obtain a Request for Reimbursement Form from the Plan Administrator or the Third Party Administrator. You must include with your Request for Reimbursement Form a written statement from an independent third party (e.g., a receipt, etc.) associated with each expense that indicates the following:

- The date the expense was incurred; and
- The amount of the expense.

The Third Party Administrator will process the claim once it receives the Request for Reimbursement Form from you. Reimbursement for expenses that are determined to be Eligible Dependent Care Expenses will be made as soon as possible after receiving the claim and processing it. If the expense is determined to not be an “Eligible Dependent Care Expense” you will receive notification of this determination. You must submit all claims for reimbursement for Eligible Dependent Care Expenses during the Plan Year in which they were incurred or during the Run Out Period. The Run Out Period is described in the Plan Information Summary.

If your claim was for an amount that was more than your current Dependent Care Account balance, the excess part of the claim will be carried over into following months, to be paid out as your balance becomes adequate.

You must incur the expense in order to receive payment. “Incurred” means the service has been provided without regard to whether you have paid for the service. Payments for advance services are not reimbursable because they have not yet been incurred. For example, Employee A pays the monthly day care fee on January 1 and then submits a copy of the receipt on January 3. The expense for the entire month is not reimbursable until the services for that month have been performed. In addition, you must certify with each claim that you have not been reimbursed for the expense(s) from any other source and you will not seek reimbursement from any other source.

#### **Q-11. When must the expenses be incurred in order to receive reimbursement?**

Eligible Dependent Care Expenses must be incurred **during** the Plan Year. You may not be reimbursed for any expenses arising before the Dependent Care FSA becomes effective, before your Flexible Benefit Enrollment Form or Election Form becomes effective, or for any expenses incurred after the close of the Plan Year and unless noted otherwise in the Plan Information Summary, after your participation in the Dependent Care FSA ends.

If the Employer has adopted a grace period, you may also be able to use amounts allocated to the Dependent Care FSA that are unused at the end of the Plan Year for expenses incurred during the grace period following the end of the Plan Year. The terms of the “grace period”, if adopted, will be described in the Plan Information Summary.

**Q-12. What if the Eligible Dependent Care Expenses I incur during the Plan Year are less than the annual amount of coverage I have elected for Dependent Care Reimbursement?**

You will not be entitled to receive any direct or indirect payment of any amount that represents the difference between the actual Eligible Dependent Care Expenses you have incurred, on the one hand, and the annual Dependent Care Reimbursement you have elected and paid for, on the other. Any amount credited to a Dependent Care Account shall be forfeited by the Participant and restored to the Employer if it has not been applied to provide the elected reimbursement for any Plan Year by the end of the Run Out period following the end of the Plan Year for which the election was effective. Amounts so forfeited shall be used to offset reasonable administrative expenses and future costs or as otherwise permitted under applicable law.

If the Employer has adopted a grace period following the end of the Plan Year, amounts allocated to the Dependent Care FSA that are unused at the end of the Plan Year may also be used to reimburse expenses incurred during the grace period following the end of the Plan Year. Any amounts not used for expenses incurred during the Plan Year and the grace period will be forfeited.

**Q-13. Will I be taxed on the Dependent Care Reimbursement benefits I receive?**

You will not normally be taxed on your Dependent Care Reimbursement so long as your family's aggregate Dependent Care Reimbursement (under this Dependent Care FSA and/or another employer's dependent care FSA) does not exceed the maximum annual reimbursement limits described above. However, to qualify for tax-free treatment, you will be required to list the names and taxpayer identification numbers on your annual tax return of any persons who provided you with dependent care services during the calendar year for which you have claimed a tax-free reimbursement.

**Q-14. If I participate in the Dependent Care FSA, will I still be able to claim the household and dependent care credit on my federal income tax return?**

You may not claim any other tax benefit for the tax-free amounts received by you under this Dependent Care FSA, although the balance of your Eligible Dependent Care Expenses may be eligible for the dependent care credit.

**Q-15. What is the household and dependent care credit?**

The household and dependent care credit is an allowance for a percentage of your annual, Eligible Dependent Care Expenses as a credit against your federal income tax liability under the U.S. Tax Code. Expenses reimbursed under this plan may not be used to calculate the applicable credit. See Publication 503 for a more detailed description of the dependent care tax credit.

**Q-16. What happens to unclaimed Dependent Care Reimbursements?**

Any Dependent Care Reimbursements that are unclaimed (e.g., uncashed benefit checks) by the close of the Plan Year following the Plan Year in which the Eligible Dependent Care Expense was incurred shall be forfeited.

**Q-17. What happens if my claim for reimbursement under the Dependent Care FSA is denied?**

You will have the right to a full and fair review process. You should refer to Appendix I for a detailed

summary of the Claims Procedures under this Plan.

**Q-18. How long will the Dependent Care FSA remain in effect?**

Although the Employer expects to maintain the Plan indefinitely, it has the right to modify or terminate the program at any time for any reason.

**Q-19. What happens if I received erroneous or excess reimbursements?**

If, as of the end of any Plan Year, it is determined that you have received payments under this Dependent Care FSA that exceed the amount of Eligible Dependent Care Expenses that have been properly substantiated during the Plan Year as set forth in this SPD or reimbursements have been made in error (e.g., reimbursement was made for expenses incurred for the care of an individual who was not a qualifying individual), the Plan Administrator may recoup the excess reimbursements in one or more of the following ways: (i) The Plan Administrator will notify you of any such excess amount, and you will be required to repay the excess amount to the Employer immediately after your receipt of such notification. (ii) The Plan Administrator may offset the excess reimbursement against any other Eligible Dependent Care Expenses submitted for reimbursement (regardless of the Plan Year in which submitted) or (iii) withhold such amounts from your pay (to the extent permitted under applicable law). If the Plan Administrator is unable to recoup the excess reimbursement by the means set forth in (i)-(iii), the Plan Administrator will notify the Employer that the funds could not be recouped and the Employer will treat the excess reimbursement as it would any other bad business debit. This could result in adverse income tax consequences for you.