

DEPENDENT CARE SUBSIDY ENROLLMENT FORM

2015 Household Income	0 to 30,000	30,001 to 45,000	45,001 to 60,000	60,001 and over
1st Dependent Child	\$1,300	\$1,040	\$780	\$520
2nd Dependent Child	\$2,340	\$1,872	\$1,404	\$936
3rd Dependent Child	\$3,120	\$2,496	\$1,872	\$1,248
4th Dependent Child	\$3,640	\$2,912	\$2,184	\$1,456
5th Dependent Child (maximum)	\$3,900	\$3,120	\$2,340	\$1,560

Please compare the subsidy chart and your election on the Bates Benefits Enrollment Form (subsidies are prorated for $\frac{3}{4}$ and $\frac{1}{2}$ time benefit eligible employees). The total subsidy received and the amount you contribute to the DCRA cannot exceed the maximum allowed by law; \$5,000 per year for single, head of household, and married couples filing a joint return, or \$2,500 for married couples filing separate returns.

Name of Bates Employee (Please Print)

Bates ID Number

Dependents Qualifying for Subsidy

1. _____

Full Name	Relationship	Date of Birth
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2. _____

Full Name	Relationship	Date of Birth
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3. _____

Full Name	Relationship	Date of Birth
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4. _____

Full Name	Relationship	Date of Birth
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5. _____

Full Name	Relationship	Date of Birth
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I understand that any subsidies will be governed and administered by the regulations that apply to dependent care reimbursement accounts. This enrollment form must be submitted along with a copy of the first page of your 2015 tax return for income verification. If you do not provide this information, your subsidy will be based on the highest income bracket on the chart.

Signature: _____ **Date:** _____

