

SECTION 125 "CAFETERIA PLAN"

Dependent Care Assistance Agreement / Annual Receipt

EMPLOYER/PLAN SPONSOR: <u>Sharyland ISD</u> ELECTION PERIOD: From <u>05/01/</u> To <u>04/30/</u>	PLAN ADMINISTRATOR: Frates Benefit Administrators 13439 Broadway Extension, Suite 110 Oklahoma City, OK 73114 Phone 800-850-7166 Fax 405-775-5992
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Employee Information

Name of Employee (Last, First, M.I.)	Social Security #
Pay Schedule <i>Bi-Weekly (24); Monthly (12)</i>	# Paydays left in this Plan Year = 24

Eligible Dependent Information

Eligible Dependents Claimed on Taxes:	Relationship	Date of Birth	Social Security #

Dependent Care Provider Information

Name of Dependent Care Provider	Social Security# or Tax ID #
Address of Facility	Phone #
Annual Daycare Charges \$	

Payment Information

Annual Election \$	# of paydays in plan year <input type="checkbox"/> 12 <input type="checkbox"/> 24	Per Payday Election \$
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I authorize: The per payday election to be automatically reimbursed each payday for reimbursement of dependent care.

1. I understand that this agreement represents an annual receipt to the Plan Administrator yet it is my responsibility to keep all receipts provided to me by the dependent care/service provider.
2. I verify that I am eligible to participate in the Section 125 Plan and the Dependent Care Assistance Program because my spouse (if married) is employed or searching for gainful employment, is a full-time student or is mentally or physically incapable of caring for him/herself.
3. I verify that the dependent(s) listed above are eligible to participate in the Dependent Care Assistance program by meeting one of the following requirements: (a) Child daycare for dependents under age 13; (b) Care for any dependent that is physically or mentally incapacitated; or (c) Care for the spouse who is physically or mentally incapable for taking care of him/herself. Moreover, to receive care outside of the home, the dependent must be either a child under age 13 or other person who regularly spends at least 8 hours per day in your home. Therefore expenses for a parent in a full-time nursing home would not qualify for reimbursement under the Dependent Care Reimbursement Plan. I also understand that the following services are not eligible under this plan: (a) babysitting fees (*if the service is for times other than when the parent(s) are working or looking for employment*); (b) fees for an overnight camp; or (c) travel costs to and from the daycare facility.
4. I further verify that the Daycare Provider meets the eligibility requirements: (a) provides care for six or more individuals; (b) receives a fee, grant or payment for providing these services; or (c) complies with all applicable state & federal laws. Ineligible Daycare Providers include: (a) a child of the employee (or spouse) under the age of 19; or (b) a parent of the employee (*if the employee or spouse claims them as a dependent*).
5. I understand that I may elect a maximum of \$5,000 per year under this plan unless my spouse files a separate income tax return. If my spouse files a separate tax return, then I am only eligible to elect a maximum of \$2,500 under this plan.

Under penalties of perjury, I swear that I have examined this agreement and to the best of my knowledge and belief, it is true, correct and complete.

Employee Signature

Daycare/Service Provider's Signature

Date

Date