



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

## DEPENDENT CARE ASSISTANCE PLAN (DCAP) ENROLLMENT/CHANGE FORM

Must print in Black or Blue ink ONLY

<b>Employee ID</b>	<b>Rcd No.</b>	<b>Last Name, First Name</b>	
<b>Mailing Address, City, State, Zip Code</b>			<b>Telephone</b>

### REASON FOR ELECTION

<input type="checkbox"/> <b>DCAP Open Enrollment</b>	<input type="checkbox"/> <b>New Employee – Date of Hire:</b>
<input type="checkbox"/> <b>Family Status Change – Date of Event:</b> <b>Event Type</b> (ex: Birth/Adoption, Termination, Reduction in Hours, Spouse Gained Employment):	

### CONTRIBUTION ELECTION

I elect to have the following amount deducted from my salary and deposited in my DCAP reimbursement account during the Calendar Year (annual deposit cannot exceed \$5,000 of your or your spouse's earned income, whichever is less):

\$ _____	÷	_____	=	\$ _____
Annual deposit to DCAP reimbursement account		Number of pay periods <i>(Contact your payroll specialist for this information)</i>		DCAP payroll deduction per pay warrant

### EMPLOYEE AUTHORIZATION

I wish to participate in the County of San Bernardino's Dependent Care Assistance Plan (DCAP). I certify that I have read and agree to the terms and conditions in the DCAP Plan Document. I understand that:

- ◆ My taxable salary will be reduced by the amount I have elected to contribute on a before-tax basis. This amount will be deposited in my DCAP reimbursement account each pay period.
- ◆ I authorize the County to deduct the amount specified above from my pay each pay period, plus an administrative fee of \$.70.
- ◆ Claims for reimbursement must be for eligible expenses incurred from the effective date of my participation in this Plan through the end of the Calendar Year. All claims must be filed within 31 days after the end of the Calendar Year.
- ◆ I understand that any claims I submit are for expenses incurred for the care of myself, spouse, or my eligible federal tax dependent(s) as defined by Internal Revenue Code Section 152 and the DCAP Plan Document.
- ◆ Amounts unclaimed by January 31 following the end of the Calendar Year will be forfeited in accordance with Internal Revenue Code Section 129.
- ◆ During the Calendar Year, I cannot make any contribution changes, including canceling my contributions, unless I experience an Internal Revenue Code Section 125 qualifying change-in-status event. I will advise my department payroll specialist of any change in my family status that affects this election within 60 days of the event.
- ◆ This election is in effect for the current Calendar Year only. I must re-enroll each Calendar Year in which I wish to participate.

<b>Employee Signature</b>	<b>Date</b>
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<b>Payroll Specialist (Print &amp; Sign)</b>	<b>Telephone</b>	<b>Date</b>
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DISTRIBUTION: Original – EBSD-HR (0440)

#### Office Use Only

<b>Reviewed by</b> <small>(Employee ID)</small>	<b>Date</b>	<b>Keyed By</b> <small>(Employee ID)</small>	<b>Date</b>	<b>Gen Dedu</b>  DCAPFE	<b>Date</b>
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