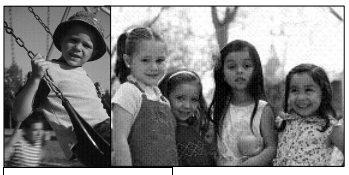
Dependent Care Assistance Program
Enrollment and Salary Reduction Authorization
Annual Enrollment - Plan year 2012



DCAP

Participant Information

Employee Name _____ Employee ID Number *required* _____

Mailing Address Street _____ Email Address _____

City _____ State _____ Zip _____

Office/Dept. Name _____ Office Phone Number _____

Marital Status: ❒ Married ❒ Single

If married, spouse is: ❒ Employed ❒ Full-time student ❒ Disabled

❒ None of the above

Before-Tax Allocations

Annual Enrollment (full plan year 1/1-12/31)

Mid-year start date is the first pay date with a contribution.

	Pay Period Amount	# of Pay Periods	Total for the year	Not to Exceed
Full Plan year	**$** _____	**x 26**	**= $** _____	**$5,000.00**

Minimum**: $20/pay period;** Maximum**: $5000/yr=$192.30/pp if full year participant.**

Refer to IRS rules or Reimbursement Programs brochure for complete details regarding maximum.

Authorization and Agreement

I authorize the County of Sonoma to deduct the before-tax amount shown above from my paycheck each pay period. This amount will be directed into my Dependent Care Assistance Program account maintained by the County. My account will be used to reimburse me for eligible dependent care expenses incurred during the period of coverage.

I have read the Flexible Spending Account (FSA) Reimbursement Program brochure and I understand this authorization is for the period of coverage specified above. I understand these payroll deductions **cannot be changed** during the plan year, unless I experience a change in status as defined by the IRS and submit a completed Change in Election form within 31 days of the change event. I further understand that any unused amounts remaining in my Reimbursement Account at the end of the plan's "grace period" will be forfeited, as required by law.

Claims may be filed up to March 31, 2013 for eligible expenses incurred during the 2012 calendar year and the plan's "grace period" (January 1, 2013 through March 15, 2013).

Employee Signature _____ Date Signed _____

Return completed forms to ACTTC Central Payroll by 5 p.m., Friday, November 18, 2011.
Deliver to 575 Administration Dr., Rm. 117A, Santa Rosa, CA 95403.

Before submitting this form, please make a copy for your records.

FOR COUNTY USE ONLY:

Coverage begin date: ❒ January 1, 2012 County Representative Initials: _____

❒ RK ❒ Vendor number _____ ❒ Confirmation Statement ❒ Welcome Packet

Original: Auditor-Payroll **Copy:** Enrollee will receive a copy of the approved form in the Welcome Packet