



BCI Administrators, Inc.
Dependent Care Assistance Plan Authorization Form

This form ***must*** be completed in order to participate in a dependent care reimbursement account. *Please Print Clearly*

Employer: _____

Name of Participant: _____

Participant Social Security Number: _____

The appropriate answers to the following questions are what make the Dependent Care Tax Credit available to you. Please fill out this Authorization Form completely.

IN ADDITION, YOU MUST FILE I.R.S. FORM 2441 ALONG WITH YOUR FEDERAL TAX RETURN.

The amount that is deducted from your pay for dependent care expenses will be placed on your W-2 each calendar year.

- In order to be eligible for the reimbursement of dependent care expenses, the person who received the care must be your dependent for income tax purposes. List the dependents for whom reimbursement will be requested: ***ELIGIBILITY UNDER AGE 13 PER IRS REGULATIONS.**

<u>Name</u>	<u>Date Of Birth</u>	<u>Age</u>	<u>Relationship To You</u>	<u>Does Dependent Live With You?</u>	<u>Is Dependent Totally Disabled?</u>

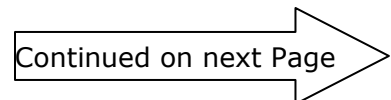
- Nature of Services

Child Care Household Services Other Care (Explain)

- Name and address of the person or business providing care: _____

- Tax Identification Number: _____

- Amount of dependent care expense which will be, or you anticipate will be, reimbursed by insurance, another plan, or any other source: \$ _____



6. If the service is provided in your home:

a. Is the person who is providing the service a relative? Yes No

b. If the person is your child, how old is he / she? _____

7. If the service is provided in a Daycare Center:

Does the daycare center comply with all the applicable state and local laws and regulations?

Yes

No

8. Are you Married? Yes No (If you answered no please skip to question 10)

9. If you are married:

a. Is your spouse employed?

Yes

If yes, does his / her annual income exceed \$5,000? Yes No

No

If no, income is \$ _____

b. Is your spouse a full time student at least 5 months per calendar year?

Yes

If yes, the name of the school is _____

No

c. Does your spouse have a total disability which makes him / her unable to care for himself or herself?

Yes

No

Answer Question #10 only if the dependent is not your qualifying dependent child.

NOTE – If the income is \$3,650.00 or greater you cannot utilize the Dependent Care account for this person's expenses.

10. Did the person who receives the care receive \$3,650.00 or more per year in gross income in 2009?

Yes

N/A – My dependent is a qualifying dependent child.

No

11. I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF:

Date

Employee's Signature