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## NY/NE Regional & Local Work & Family Committee Summer Camp 2015

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### One Step Summer Camp Enrollment

#### Session One

JUNE 21-AUG 1, 2015

#### Session Two

SUSPENDED DUE TO CONTRACT  
BARGAINING

### Eligible Employees

CWA NY

NE CWA Local 1400

IBEW 2213 employees

NY Management employees

### Want an Application?

Go to: [www.regionalwfrc.com](http://www.regionalwfrc.com)

- Click on 2015 Summer Camp Application
- Complete Application & Reimbursement forms
- Attach supporting documents
- Mail completed application & all required documents to:
- Verizon Inc. c/o Beverly Steele -  
120 Hicksville Road, Suite 200-A,  
Massapequa, NY 11758



### What is the Summer Day Camp / Summer Sleep Away Camp Program?

The 2015 Summer Day Camp/Sleep Away Camp Program is made available through the Local and NY/NE Regional Work & Family Committees.

The fund will reimburse up to of \$600.00 per child for summer camp expenses incurred between June 22, 2015 through August 1, 2015 for up to two (2) children per family.

Employees who participate in the Dependent Care Reimbursement Fund (DCRF) during the school year can either continue to receive childcare reimbursements for their regular Dependent Care Expenses or if they wish they may enroll their child in a summer camp program.

**Employees are prohibited from participating in  
both programs concurrently.**

**What you need to know:**

- No annual income cap.
- Eligible age group 3-15 years of age.
- Dependent's over the age of 15 with special needs or those who have been physically or medically diagnosed unable to care for themselves; who will be attending Summer Camp Programs in 2015 are eligible for enrollment.
- Reimbursement up to \$600 per child.
- Up to (2) two dependents per Verizon Family may be enrolled.
- If married employee and spouse must be employed at the time the children are enrolled in camp.
- All payments must be made by Verizon employee.
- Forward your application when camp has ended along with required documentation.

**2014 Tax Requirements and Implications:**

Dependents must be listed on employees 2014 IRS. 1040 in order to be eligible for enrollment.

W-2 for employee and spouse (if married)

Self employed spouse must submit proof of employment: (i.e. IRS tax form schedule C.)

Submit page one of only 2014 IRS 1040.

Employees who are married, but filing separately must submit their spouse's 2014 IRS 1040.

Be sure to remove all references to your family's social security number(s). **Do not remove income figures.**

Employee dependent children 3 years of age but not yet 13, will not be taxed.

Employee dependent children 13 years of age but not yet 15, will be taxed.

**Sleep away Camp is taxable regardless of age.**

Employees must be in need of dependent care in order to work. Under federal law, employees and their spouse must be working during the hours their dependents are in care in order to make this a "tax-free" benefit. See IRS publication 503 for detailed information.

Check with your tax preparer for your tax obligations

**How do I know if my paperwork was received?**

- You will receive confirmation of acceptance or denial at the email address you have provided. If you do not receive it, WE DID NOT GET YOUR PAPERWORK!

**When will employees be reimbursed?**

- Reimbursement of expenses are paid after the employee has incurred and paid their dependents summer camp expense.
- If there is no work stoppage, reimbursements will show in associates October 30, 2015, paycheck and managements November 6, 2015, paycheck. If there is a work stoppage reimbursement date will be part of negotiations.

If your reimbursement is denied, you must appeal denial in writing within 45 days of notification of denial.



## 2015 Summer Camp Application

### IBEW 2213 / CWA / Verizon NY/NE Work Family Committee

Complete ALL information. Please print clearly or type. (Please do not use RED ink)

Employee Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

I am (check one) ☐ IBEW 2213 ☐ CWA Local \_\_\_\_\_ ☐ Management

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Address \_\_\_\_\_ NCSD \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Marital Status (circle one) Single Married Divorced

Do you participate in the Dependent Care Reimbursement Fund (DCRF)? (circle one) Yes No

If YES please provide name of your dependent. \_\_\_\_\_

(You can NOT participate in both DCRF and Summer Camp at the same time!)

#### Employee Authorization:

I, (Print Name) \_\_\_\_\_ have read the 2015 Summer Camp Program rules and agree to abide by them. By signing and submitting this application, I certify the information I have provided is true and accurate. I understand that supplying false information may jeopardize my participation in the Summer Camp Program.

Employee Signature (original) \_\_\_\_\_ Date: \_\_\_\_\_

Best telephone number to reach you on: \_\_\_\_\_

**Applications must be postmarked no later than Friday, August 14, 2015**

Mail your application to:

NY/NE Regional Work and Family - c/o Beverly Steele, Fund Administrator  
120 Hicksville Road, Room 200-A, Massapequa, NY 11758

## 2015 Request for Reimbursement

Complete one application per dependent.

Maximum two (2) dependents per family.

Employee Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

Name of Dependent \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Type of Summer Camp (Circle one) Summer Day Summer Over Night Camp

Camp Name \_\_\_\_\_ Camp Tax ID # \_\_\_\_\_

Camp Address \_\_\_\_\_

Camp Phone Number \_\_\_\_\_

Camp Director Authorization: Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Camp Director Signature \_\_\_\_\_

(must be original signature/stamped signatures not accepted)

<b>Session One Camp Expense</b> <b>June 28, 2015 - August 1, 2015</b>  Date Attended _____  From _____ To _____  Amount Paid \$ _____	<b>Session Two</b> <b>Suspended</b> <b>Due to</b> <b>Contract Bargaining</b>
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To ensure prompt payment the following must be submitted with this form:

Noted below are the only acceptable proof of payment:

- 2014 - W2 (self and spouse)
- 2014 - IRS 1040 (self and spouse)
- Completed application
- Completed reimbursement form
- Proof of Payment
- ACH payment receipt
- Cancelled Check
- Cancelled Money Order receipt
- Credit Card Receipt

If you have any questions, please contact your Local Work and Family Committee Member  
a list is provided for you @ [www.regionalwfrc.com](http://www.regionalwfrc.com)