



NY/NE Regional & Local Work & Family Committee Summer Camp Program 2017

One Step Summer Enrollment

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Session One

July 1 - September 1, 2017

Eligible Employees

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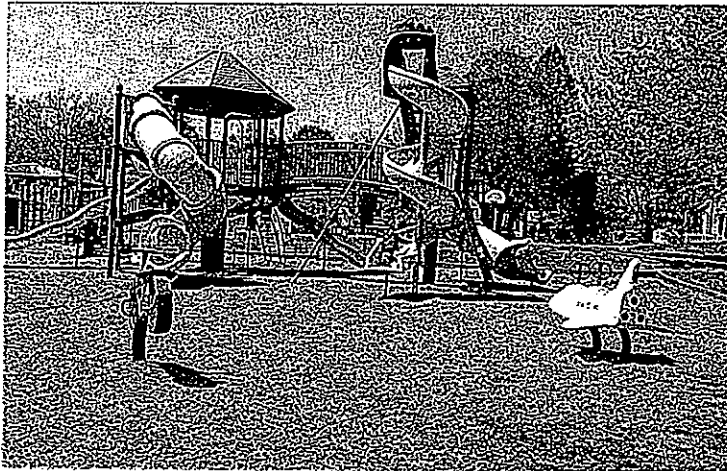
- CWA NY/NE
- IBEW 2213
- NY Management

Want an Application?

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Go to: www.regionalwfrc.com

- Click on 2017 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 Camp Program?

The 2017 Summer Camp includes summer day programs as well as overnight camp programs and is made available through the Local and NY/NE Regional Work & Family Committees.

The fund will reimburse up to \$600.00 per child for summer camp expenses incurred between July 1, 2017 through September 1, 2017 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 years but not yet 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 2017 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.

2016 Tax Requirements and Implications:

Dependents must be listed on employees 2016 IRS 1040 Form 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 2016 IRS 1040 Form.

Employees who are married, but filing separately, must submit their spouse's 2016 IRS 1040 Form.

Be sure to remove all social security number(s).
Do not remove income figures.

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

Employee's 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.

When will employees be reimbursed?

- Reimbursement of expenses are paid after the employee has incurred and paid their dependents summer camp expense.
- Reimbursement will show in associates October 27, 2017, paycheck and managements November 3, 2017, paycheck.

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



2017 Summer Camp / Summer Program Enrollment 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) CWA Local Number _____ IBEW 2213 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. _____

How many children are you requesting summer camp reimbursement for _____? (*note: a request for reimbursement form should be filled out for each child.)

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

Employee Authorization:

I, (Print Name) _____ have read the 2017 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: _____

Applications must be postmarked no later than Friday, August 25, 2017 - No exceptions!

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

2017 Request for Summer Camp / Summer Program Reimbursement

COMPLETE ONE REIMBURSEMENT FORM PER CHILD PER CAMP

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 _____

Amount Paid for Camp: (not to exceed \$600 per child) \$ _____

Camp Director Authorization: Print Name: _____ Date _____

Camp Director Signature _____

(must be original signature - stamped or faxed signatures will not be accepted)

Note: If your child attended more than one camp, please submit "Request for Reimbursement" for each camp.

To ensure prompt payment the following must be submitted with this form:

- 2016 - W2 (self and spouse)
- 2016 - IRS 1040 Form (self and spouse)
- Completed application
- Completed reimbursement form
- Proof of Payment in Verizon Employee name

Noted below are the only acceptable proof of payment:

- ACH payment receipt
- Cancelled Check (front and back)
- Cancelled Money Order receipt
- Credit Card receipt

If paying cash you must have an original receipt from the camp.

Application, Tax documents, Request for Reimbursement and Proof of Payment must ALL be submitted together at the time of Enrollment and must be Postmarked no later than Friday, August 25, 2017.

Incomplete information will not be processed and will be returned.

If you have any questions, please contact your Local Work and Family Committee Member
a list is provided for you @ www.regionalwfr.com