



NY/NE Regional & Local Work & Family Committee Summer Camp 2016

One Step Summer Camp Enrollment

July 1 - September 3, 2016

Eligible Employees

CWA NY

NE CWA Local 1400

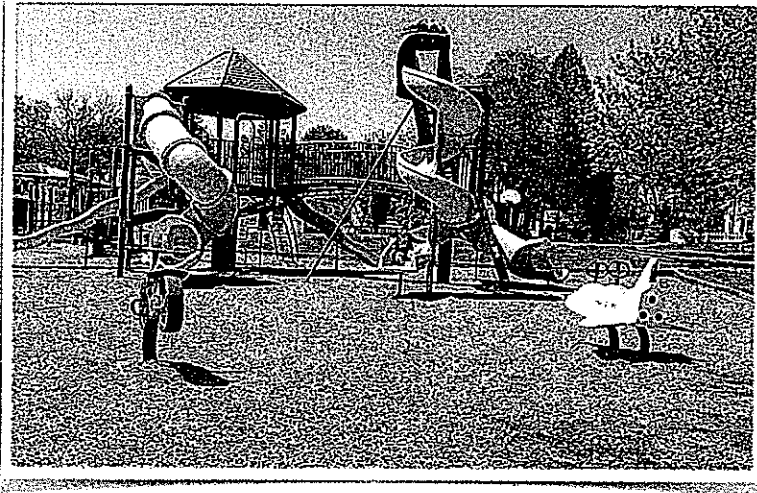
IBEW 2213 employees

NY Management employees

Ready to apply?

Go to: www.regionalwfrc.com

- Click on 2016 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
- Complete package must be sent. Partial package will not be accepted and will be returned



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

The 2016 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 July 1, 2016 and September 3, 2016 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 2016 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.

2015 Tax Requirements and Implications:

Dependents must be listed on employees 2015 IRS form 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 2015 IRS form 1040.

Employees who are married, but filing separately must submit their spouse's 2015 IRS form 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 is 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 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.
- Reimbursement will show in associates October 28, 2016, paycheck and managements November 4, 2016, paycheck.

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



2016 Summer Camp 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 _____ NCSID _____

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 2016 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 26, 2016 - 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

2016 Request for Reimbursement

Complete one reimbursement form per dependent 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 signatures not 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:

- 2015 - W2 (self and spouse)
- 2015 - IRS form 1040 (self and spouse)
- Completed application
- Completed reimbursement form
- Proof of Payment

Noted below are the only acceptable proof of payment:

- ACH payment receipt
- Cancelled Check
- Cancelled Money Order receipt
- Credit Card Receipt

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 26, 2016.

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.regionalwfrc.com

Application Updated June 27, 2016