



San Bernardino County DEPENDENT CARE ASSISTANCE PLAN (DCAP)

The Dependent Care Assistance Plan (DCAP) allows eligible employees to pay for certain dependent care expenses with payroll deductions taken from the employee's paycheck (warrant) before Federal, State, and Medicare taxes are applied.

REFERENCES

All Current County Memoranda of Understanding (MOU); Compensation Plan; Internal Revenue Code Sections 125, 152 and 129; DCAP Plan Document; Employee Benefits Guide

GENERAL INFORMATION

To be eligible for this benefit, employees must be scheduled for a minimum of 40 hours per pay period and be paid for a minimum of one half plus one hour of their scheduled hours, or be on an approved leave designated as Family Medical Leave Act (FMLA).

In order for dependent care expenses to be eligible, the expense must:

- ◆ Enable the gainful employment of the employee or the employee's spouse
- ◆ Pay for the care of the employee's qualified dependent
- ◆ Be provided by an eligible care provider

A qualified dependent under the DCAP is a dependent that the employee claims for federal tax purposes and is:

- ◆ The employee's child, under the age of 13, who lived with the employee more than half of the calendar year.
- ◆ The child must be the employee's son, daughter, stepchild, sibling, stepsibling, or a descendant of any such individual, eligible foster child, legally adopted child, or a child lawfully placed with the employee for adoption.
- ◆ The child must not have provided over one half of their support during the calendar year.
- ◆ The employee's spouse, relative, or child over the age of 13, who is physically or mentally incapable of self-care, lived with the employee more than half the year, and spends at least 8 hours each day in the employee's household.
- ◆ The employee's dependent(s) as defined by the Internal Revenue Code (IRC) Section 152 as a qualifying relative that meets the following criteria:
 - The dependent received more than half of his or her support from the employee for the calendar year.
 - The dependent cannot meet the eligibility requirements of a qualifying child of the employee or anyone else's.

Under the DCAP, eligible day care providers include:

- ◆ A licensed daycare center (must care for more than six children who do not live at the daycare center)
- ◆ A private babysitter
- ◆ An elderly or handicapped care center
- ◆ An in-home medical attendant

The employee must provide the name, address and social security number or tax identification number of the dependent care provider on all claims.

Expenses that are **not** eligible for reimbursement under the DCAP include:

- ◆ Expenses paid to a person who the employee or the employee's spouse are entitled to claim as federal tax dependent



San Bernardino County DEPENDENT CARE ASSISTANCE PLAN (DCAP)

- ◆ Tuition or education expenses for a child in kindergarten or above
- ◆ Participation in an overnight recreational camp
- ◆ Overnight care at a convalescent nursing home
- ◆ Overnight camp

DEPENDENT CARE ASSISTANCE PLAN (DCAP) ENROLLMENT

FORMS REQUIRED

Dependent Care Assistance Plan (DCAP) Enrollment-Change

MANDATORY FIELDS

All

GENERAL INFORMATION

Enrollment in DCAP is limited to the annual Open Enrollment period or within 60 calendar days of a qualifying change-in-status event (i.e., new hire, family status change).

Eligible employees must complete a DCAP Enrollment form to participate in this plan. Failure to submit an enrollment form within the time frames shall result in their election not to participate in the Plan.

Note: Employees must re-enroll every year during the DCAP Open Enrollment period

An employee's election to participate shall be irrevocable for the remainder of the Calendar Year. Once a payroll deduction has begun, changes in elections will only be permitted during the Calendar Year if the employee experiences an Internal Revenue Code Section 125 qualifying change-in-status event.

The maximum annual contribution to the DCAP is the lowest of the following amounts (amounts subject to change pursuant to IRS regulations):

- ◆ \$5,000.00 for single persons or married couples filing jointly
- ◆ \$2,500 for married persons filing separate tax returns
- ◆ The earned income of the employee or the employee's spouse

Employees should be cautioned not to over contribute to the DCAP. Amounts unclaimed by January 31 following the end of the Calendar Year will be forfeited, in accordance with Internal Revenue Code Section 129.

Upon termination of employment, contributions to the DCAP will cease with the employee's last pay warrant (excluding leave cash-outs).

EMPLOYEE RESPONSIBILITIES

- ◆ Obtain Dependent Care Assistance Plan (DCAP) Enrollment form from department Payroll Specialist
- ◆ Complete form; retain copy
- ◆ Forward original to EBSD-HR (0440)

PAYROLL SPECIALIST RESPONSIBILITIES

- ◆ Provide the *DCAP Plan Document* and *Dependent Care Assistance Plan (DCAP) Enrollment-Change* form upon request
- ◆ Audit Enrollment form for completeness
- ◆ Audit calculations in Contribution Election section for correctness
- ◆ Retain copy for department file



San Bernardino County DEPENDENT CARE ASSISTANCE PLAN (DCAP)

- ◆ Forward original Enrollment form to EBSD-HR (0440)
- ◆ Verify that EMACS has been updated to reflect the requested action

DISTRIBUTION GUIDELINES

Once approved by EBSD Chief or designee, EBSD-HR will forward original to EMACS-HR for processing.

RELATED FORMS

- Checklist - Contract to Regular*
- Checklist - Extra-Help – Recurrent - PSE to Contract*
- Checklist - Extra-Help – Recurrent - PSE to Regular*
- Checklist - Job Share (To be used for standard hour changes only)*
- Checklist - New Hire - Contract*
- Checklist - New Hire - Exempt*
- Checklist - New Hire – Regular – Part-Time - Reemployment (Rehire)*
- Checklist - Regular to Contract*
- Checklist - Return from Leave (With Right - Without Right – Medical Leave of Absence) Refer to the “Without Right” section*
- Dependent Care Assistance Plan (DCAP) Reimbursement Request*
- Premium Deduction Election - form (Family Status Changes)*

DEPENDENT CARE ASSISTANCE PLAN (DCAP) REIMBURSEMENT REQUEST

The DCAP Reimbursement Request must be submitted by an employee to claim reimbursement of paid dependent care expenses.

FORMS REQUIRED

Dependent Care Assistance Plan (DCAP) Reimbursement Request

MANDATORY FIELDS

All

GENERAL INFORMATION

A DCAP Reimbursement Request may be filed each time dependent care expenses are paid, or at any time up to January 31 of the following year. Reimbursement checks will be issued within 30 days from receipt. Proof of payment and evidence of service date(s) that the expense was incurred must be attached to the reimbursement request.

Reimbursements shall not exceed the current account balance. All claims must be received by January 31 of each year for expenses paid in the previous year.

Terminated employees may submit Reimbursement Requests for dependent care expenses until January 31 of the year following termination.

EMPLOYEE RESPONSIBILITIES

- ◆ Obtain DCAP Reimbursement Request from department Payroll Specialist
- ◆ Complete form and attach proof of payment and evidence of service date(s); retain copy
- ◆ Forward original to EBSD-HR (0440)

PAYROLL SPECIALIST RESPONSIBILITIES

- ◆ Provide a *DCAP Plan Document* and *Dependent Care Assistance Plan (DCAP) Reimbursement Request* form upon request



San Bernardino County
**DEPENDENT CARE ASSISTANCE PLAN
(DCAP)**

DISTRIBUTION GUIDELINES

Employee must submit original Reimbursement Request to EBSD-HR (0440)

RELATED FORMS

Dependent Care Assistance Plan (DCAP) Enrollment-Change - form

RELATED PROCEDURES

Termination - procedures