

COUNTY OF MONMOUTH
FINANCE DEPARTMENT
DEPENDENT CARE
ASSISTANCE PLAN



EMPLOYEE MANUAL &
FORMS PACKAGE
REVISED DECEMBER, 2012

MONMOUTH COUNTY DEPENDENT CARE ASSISTANCE PLAN

As an employee with Monmouth County, you may wish to participate in the County's Dependent Care Assistance Plan. Basically, the plan allows you to save money, **by not paying federal income taxes or social security taxes**, on that part of your income which is used to pay for child care or other dependent care expenses, such as for an elderly parent. Because of the potential for greater tax savings, the Plan is an attractive alternative to the federal tax credit for dependent care expenses currently being used by many employees.

Dependent care assistance plans cover the same type of expenses that qualify for the dependent care tax credit. In general, these are expenses for household and dependent care services, which are necessary for the employee to be gainfully employed.

HERE'S HOW IT WORKS

Because of the potential for such tremendous tax savings, the IRS has imposed binding restrictions on Dependent Care Assistance Plans. This booklet explains the program and will **help** you decide whether or not to elect this employee benefit. The following are the restrictions:

- You must elect the amount of the salary reduction which is binding until the next annual election period.
- An increase, decrease or termination in the amount of the salary reduction is not allowable during the plan year unless there is a change in status. If you have a change in status such that you wish to change or terminate the amount of your existing salary reduction during the plan year, then you must submit an Election Change Form found on page 11, and a new Salary Reduction Agreement found on pages 14 and 15. See page 5 to identify what constitutes a change in status.
- Any salary reduction amounts not reimbursed by January 31st following the plan year must be forfeited. In addition, any checks not cashed by the end of the plan year following the plan year in which the reimbursement was made must be forfeited. The funds will not be returned to you and will not be carried over to the next plan year.
- You must report your provider's Social Security or Tax Identification Number (TIN) to the IRS on Form 2441 when you file your tax return.

If you elect to participate in the Dependent Care Assistance Plan, you will need to estimate the amount of dependent care expenses you will incur from January 1 through December 31 of the applicable plan year.

ANNUAL ELECTION PERIOD

Each calendar year, the annual election period for the Dependent Care Assistance Plan begins in December and runs for approximately two weeks. To enroll, complete the Salary Reduction Agreement found on pages 14 and 15 and return it to Donna Betsch in the Finance Department. If you do not elect to join the plan within the enrollment period, then you must wait until the next annual election period to join, unless you are a new employee or have a change in status. Current participants must complete a new Salary Reduction Agreement each annual election period even if there are no changes. You will not be automatically re-enrolled. Complete the Salary Reduction Agreement and return it to the Finance Department by the last day of the open enrollment period. You will be sent a verification letter after your agreement has been reviewed,

and a dependent care account will be set up for you. Each paycheck will be reduced by the amount chosen by you on your salary reduction agreement and deposited into your Dependent Care Account. Payroll deductions begin the first paycheck in January.

REIMBURSEMENTS

Beginning in January, you may submit dependent care expenses and be reimbursed from your dependent care account. Dependent care expenses must be incurred within the plan year. Once expenses have been incurred, receipts can be submitted to the County for reimbursement.

In order to submit for reimbursement, you must complete the reimbursement form on page 12 certifying the expenses that have been incurred. You must also have the care provider complete the form on page 13, or provide a receipt directly from the care provider that contains all of the same information that is on the form. You will then be reimbursed from your dependent care account at the next Freeholder meeting up to the amount in your account. If receipts are submitted for dependent care expenses in excess of the amount in your dependent care account, then a partial payment will be made to you for the available balance in your dependent care account. The remainder will be paid on subsequent Freeholder meetings as sufficient balances are available.

After the end of each plan year, you have until January 31st of the succeeding year to submit claims for your expenses during the prior plan year.

TAX EFFECTS

By January 31st of each year, you will receive a statement summarizing your usage of the Dependent Care Assistance Plan for the preceding year.

The Plan Administrator does not make any warranty or other representation as to whether any reimbursement made under the Dependent Care Assistance Plan will be treated as excludable from gross income for local, state, or federal income tax purposes. If, for any reason, it is determined that any amount paid for the benefit of a Participant or Beneficiary are includable in an Employee's gross income for local, federal, or state income tax purposes, then under no circumstances shall the recipient have any recourse against the Plan Administrator with respect to any increased taxes or other losses or damages suffered by the Employee as a result thereof. The Dependent Care Assistance Plan is designed and is intended to be operated under Section 129 of the Internal Revenue Code (IRC).

QUALIFIED EXPENSES AND INDIVIDUALS

You qualify for this Plan if you are a Monmouth County employee or an elected or appointed County official who is eligible for the County's health benefit plans and have a qualifying individual.

You may be reimbursed for work-related dependent care expenses ("Eligible Day Care Expenses"). Generally, an expense must meet all of the following conditions for it to be an Eligible Employment Related Expense:

- The expense is incurred (expenses are considered incurred only if the service has already been performed) for services rendered after the date of your election to receive Dependent Care Reimbursement benefits and during the plan year to which it applies.
- Each individual for whom you incur the expense is a "Qualifying Individual." A Qualifying Individual is:
 - An individual age 13 or under who is a "qualifying child" of the Employee as defined in Code Section 152(a)(1). Generally speaking, a "qualifying child" is a child (including a brother, sister, step sibling) of the Employee or a descendant of such child (e.g. a niece, nephew, grandchild) who shares the same principal place of abode with you for more than half the year and does not provide over half of his/her own support; or
 - A Spouse or other tax Dependent (as defined in Code Section 152) who is physically or mentally incapable of caring for himself or herself and who has the same principal place of abode as you for more than half of the year.
 - There is a special rule for children of divorced parents. The child is a qualifying individual of the "custodial parent", as defined in Code Section 152(e).
- The expense is incurred for the care of a Qualifying Individual (as described above), or for related household services such as a domestic maid or cook, and is incurred to enable you (and your Spouse, if applicable) to be gainfully employed. Expenses for overnight stays or overnight camp are not eligible. Tuition expenses for kindergarten (or above) do not qualify. If the dependent care provider performs the service in your home and is paid \$1,800.00 or more in calendar year 2013, Social Security and Medicare tax must be withheld by you. You will also be responsible for paying Federal Unemployment Taxes if you pay a non-related household employee more than \$1,000.00 in any calendar quarter. These taxes must be reported on your personal income tax return, Schedule H of Form 1040.

- If the expense is incurred for services outside your household and such expenses are incurred for the care of a Qualifying Individual who is age 13 or under, such Dependent regularly spends at least 8 hours per day in your home.
- If the expense is incurred for services provided by a dependent care center (i.e., a facility that provides care for more than 6 individuals not residing at the facility), the center complies with all applicable state and local laws and regulations.
- The expense is not paid or payable to a “child” (as defined in Code Section 152(f)(1)) of yours who is under age 19 by the end of the year in which the expense is incurred or an individual for whom you or your Spouse is entitled to a personal tax exemption as a Dependent or your Spouse.
- In order to exclude from income the amounts you receive as reimbursement for dependent care expenses, you must provide the name, address, and taxpayer identification number of each dependent care service provider to the IRS with your annual federal income tax return by completing IRS Form 2441.

You are encouraged to consult your personal tax advisor or IRS Publication 17 "Your Federal Income Tax" for further guidance as to what is or is not an Eligible Employment Related Dependent Care Expense if you have any doubts.

ELIGIBILITY AND MAXIMUM SALARY REDUCTION

The annual amount cannot exceed the maximum Dependent Care Reimbursement amount specified in Section 129 of the Internal Revenue Code. The maximum annual amount is currently \$5,000* per Plan Year if you:

- are married and file a joint return;
- are married but your Spouse maintains a separate residence for the last 6 months of the calendar year, you file a separate tax return, and you furnish more than one-half the cost of maintaining those Dependents for whom you are eligible to receive tax-free reimbursements under the Dependent Care Assistance Plan; or
- are single.

If you are married and reside together, but file a separate federal income tax return, the maximum dependent care reimbursement that you may elect is \$2,500.* In addition, the amount of reimbursement that you receive on a tax free basis during the Plan Year cannot exceed the lesser of your earned income (as defined in Code Section 32) or your spouse’s earned income.

Your Spouse will be deemed to have earned income of \$250 if you have one Qualifying Individual and \$500 if you have two or more Qualifying Individuals (described below), for each month in which your Spouse is

- physically or mentally incapable of caring for himself or herself; or
- a full-time student (as defined by Code Section 21).

*Based on information available as of December 3, 2012. Please consult your tax advisor.

MAY I CHANGE MY SALARY REDUCTION AGREEMENT?

Generally, you cannot change your election under this Plan during the Plan Year. There are, however, a few exceptions. First, your election will automatically terminate if you terminate employment or lose eligibility under this Plan. Second, you may voluntarily change your election during the Plan Year if you satisfy the following conditions (prescribed by federal law):

- You experience a “Change in Status” that affects your eligibility under this Plan; and
- You complete and submit a written Election Change Form and a new Salary Reduction Agreement to the Plan Service Provider within 30 days of the event.

If one or more of the following Changes in Status occur, you may revoke your old election and make a new election, provided that both the revocation and new election are on account of, and correspond with, the Change in Status (as described below). Those occurrences which qualify as a Change in Status include the events described below, as well as any other events which the Plan Administrator determines are permitted under subsequent IRS regulations:

- Change in your legal marital status (such as marriage, legal separation, annulment, divorce, or death of your Spouse),
- Change in the number of your tax Dependents (such as the birth of a child, adoption or placement for adoption of a Dependent, or death of a Dependent),
- Any of the following events that change the employment status of you, your Spouse, or your Dependent that affect benefit eligibility under a cafeteria plan (including this Plan) or other employee benefit plan of yours, your Spouse, or your Dependents. Such events include any of the following changes in employment status: termination or commencement of employment, a strike or lockout, a commencement of or return from an unpaid leave of absence, a change in worksite, switching from salaried to hourly-paid, union to non-union, or part-time to full-time; incurring a reduction or increase in hours of employment; or any other similar change which makes the individual become (or cease to be) eligible for a particular employee benefit,
- Event that causes your Dependent to satisfy or cease to satisfy an eligibility requirement for a particular benefit (such as attaining a specified age, getting married, or ceasing to be a student), or
- Change in your, your Spouse’s, or your Dependent’s place of residence.

If you wish to change your election based on a Change in Status, you must establish that the revocation is on account of, and corresponds with, the Change in Status. The Plan Administrator (in its sole discretion) shall determine whether a requested change is on account of, and corresponds with, a Change in Status. A Change in Status affects coverage eligibility if it results in an increase or decrease in the number of dependents who may benefit under the plan.

QUESTIONS AND ANSWERS

1. Will my other benefits with the County be affected if I join the Plan?

Most benefits, such as health insurance, life insurance, and retirement, will not be affected. The amount of those benefits will be computed using your gross income before the salary reduction for dependent care. Your social security benefits at retirement may be reduced slightly because your salary will be lower for tax purposes. However, this small loss is usually more than offset by the tax savings realized through the Dependent Care Assistance Plan. Also, if you are in the Deferred Compensation Plan, the amount of income you are allowed to deduct for tax deferral may be affected by your dependent care reduction.

2. If I stop working for Monmouth County and there is money left in my Dependent Care Account, can I get it back?

Yes, Participants in the Dependent Care Assistance Plan may submit claims for reimbursement for Eligible Employment Related Dependent Care Expenses incurred during the Plan Year and before the date of participation in the Dependent Care Assistance plan ceases so long as the claim is submitted prior to January 31st of the succeeding year. Participants may submit claims for reimbursement of Eligible Employment-Related Expenses incurred during the Plan Year and after they cease participation so long as such claims are submitted prior January 31st of the succeeding year. Any unused reimbursement benefits after January 31st of the succeeding year will be forfeited if unclaimed.

3. If my spouse has a Dependent Care Assistance Plan with his/her company, can we join both plans?

Yes, as long as the total amount of your combined salary deductions from both plans does not exceed \$5,000 per taxable year.

4. If I change my day care providers, must I notify Finance?

Yes, the County must have a record of every provider for which disbursements are made.

5. If I go on LWOP, do I have to make up the salary reduction amounts missed when I come back to work?

No, because the Plan can only be used to allow you and your spouse to work. You are not working and you have no salary to reduce when you are on LWOP. Additionally, you may not make up the payments even if you want to nor may you be reimbursed for dependent care expenses incurred during that time period, unless you had a change in status occur.

6. If I have an address change and I have notified Payroll, will that information be passed along so that my dependent care reimbursement checks will come to my new address?

No, you must send us an Election Change Form with your new address.

7. Do I earn interest on the money in my disbursement account?

No, that's why it is to your advantage to submit receipts on a regular basis for reimbursement.

If you have any questions, please contact Donna Betsch in Finance at (732) 431-7391.

CHILDCARE TAX CREDIT OR DEPENDENT CARE ASSISTANCE PLAN?

The Dependent Care Assistance Plan does not replace the Federal Income Tax Childcare Credit; rather you may choose between the two or use a combination of the two. The advantages of using one over the other will be different for each employee depending on individual circumstances. **Please consult your personal tax advisor if you are unsure about your specific tax situation.**

Remember, if you receive reimbursement for eligible expenses through your Dependent Care Assistance Plan, you will not be able to claim those same expenses as a Federal Income Tax Childcare Credit. However, additional dependent care expenses not covered by the salary reduction agreement under the Dependent Care Assistance Plan may be used for a tax credit after your eligible tax credit amount is reduced dollar for dollar by the amount of the salary reduction you have elected under the Dependent Care Assistance Plan.

For example, if you have only \$1,000 withheld from your income under the Dependent Care Assistance Plan but you spent a total of \$6,000 on dependent care expenses, you would then have \$5,000 of additional expenses which you could use as a tax credit if you had two or more dependents (\$6,000 less \$1,000) or \$2,000 to use if you had one dependent (\$3,000 less \$1,000). That's because the maximum allowable limits for a tax credit are \$6,000 for two or more dependents and \$3,000 for one dependent.

ATTACHMENT A
INSTRUCTIONS FOR COMPLETING WORKSHEET

1. Determine your combined annual W-2 or self-employment income subject to Social Security and Medicare tax.
2. Estimate your dependent care expenses for the year (the maximum allowed is \$5,000 or \$2,500 if married and filing separately).
3. Determine your adjusted gross income-AGI. Assumes no other income besides that in line 1.
 - If you use the tax credit method, your AGI will be the same as the combined annual W-2 or self-employment income from #1 above.
 - If you use the Dependent Care Assistance Plan, your AGI will be your combined annual W-2 or self-employment income from #1 above less the amount you plan on reducing your salary to pay your dependent care expenses estimated in #2 above.
4. Multiply the number of exemptions you take by \$3,900 (line 4).
5. Determine your standard or itemized deductions (line 5). The standard amounts for 2013 **ESTIMATED** are as follows:
 - A) Married filing jointly or surviving spouse \$12,200
 - B) Head of household \$8,950
 - C) Single \$6,100
 - D) Married filing separately \$6,100
6. Add the amounts in Step 4 and 5.
7. Subtract Line 6 from the AGI you computed in Step 3. This will be your taxable income.
8. Look up the taxable income in the Federal tax tables to determine Federal income tax.
9. Compute the Social Security and Medicare tax you will pay.
 - Multiply the AGI you determined in Step 3 by 7.65% on first \$113,700.00 of wages per person and 1.45% on all wages over that amount for 2013 up to \$200,000. Wages over \$200,000 will be taxed 2.35% for Medicare employee tax.
10. Determine the gross tax amount.
 - Add the amount of Federal and Social Security and Medicare taxes. (Lines 8 and 9).
11. Compute the tax credit you would receive if you chose that method of saving.
 - Find your AGI (from Step 3) on the tax credit table (on Page 10).
 - Multiply the decimal amount that corresponds to your AGI by the amount you spent for dependent care. This amount may not exceed:
 - \$6,000 for two or more dependents
 - \$3,000 for one dependent
12. Compute the net tax you will pay.
 - For the tax credit method, subtract the amount of tax credit you determined in Step 11 from the gross tax amount you determined in Step 10.
 - For the dependent care assistance method, the gross tax amount from Step 10 is also the net tax.
13. Determine approximate take-home pay.

Subtract your net tax (Step 12) from your Adjusted Gross Income (Step 3).
14. If you are using the tax credit method, enter your dependent care expenses on Line 14.

Do not enter more than \$6,000 for 2 or more dependents or \$3,000 for 1 dependent.
15. Determine spendable income. Subtract Line 14 from Line 13.
16. Compare Line 15 for both the tax credit method and the dependent care assistance method.

Subtract the two to determine approximately how much you will save using one method over the other.

ATTACHMENT B

WORKSHEET

USING THE TAX CREDIT OR THE DEPENDENT CARE ASSISTANCE PLAN

	Steps	Child Care Tax Credit	Dependent Care Assistance Plan
1.	Combined Annual Income		
2.	Pre-Tax Dependent Care Expenses	-0-	
3.	Adjusted Gross Income (After DCAP Contribution) (Line 1 minus Line 2)		
4.	Exemptions (x 3,900)		
5.	Standard or itemized deduction amount		
6.	Total deduction (Line 4 plus line 5)		
7.	Taxable Income (Line 3 minus line 6)		
8.	Federal Income Tax		
9.	Social Security and Medicare Taxes		
10.	Gross Taxes (Line 8 plus Line 9)		
11.	Tax Credit (% of \$)		-0-
12.	Net Taxes (Line 10 minus Line 11)		
13.	Take-Home Pay (Line 3 minus Line 12)		
14.	After-tax Dependent Care Expenses		-0-
15.	Spendable Income (Line 13 minus Line 14)		
16.	Additional Spendable Income		

TAX CREDIT TABLE

Find your adjusted gross income (from Line 3 on worksheet) on the table below to determine what percentage to use for your tax credit. Use the percentage to compute Line 11 on the worksheet.

<u>ADJUSTED GROSS INCOME</u>	<u>APPLICABLE PERCENTAGE</u>	<u>MAX. CREDIT LIMITATION</u>	
		<u>ONE DEPENDENT \$3,000</u>	<u>TWO OR MORE DEPENDENTS \$6,000</u>
\$ 0 - \$15,000	.35	1,050	2,100
15,000 - 17,000	.34	1,020	2,040
17,000 - 19,000	.33	990	1,980
19,000 - 21,000	.32	960	1,920
21,000 - 23,000	.31	930	1,860
23,000 - 25,000	.30	900	1,800
25,000 - 27,000	.29	870	1,740
27,000 - 29,000	.28	840	1,680
29,000 - 31,000	.27	810	1,620
31,000 - 33,000	.26	780	1,560
33,000 - 35,000	.25	750	1,500
35,000 - 37,000	.24	720	1,440
37,000 - 39,000	.23	690	1,380
39,000 - 41,000	.22	660	1,320
41,000 - 43,000	.21	630	1,260
43,000 - No Limit	.20	600	1,200

* Table is based on information available as of December 3, 2012.

MONMOUTH COUNTY
DEPENDENT CARE ASSISTANCE PLAN
ELECTION CHANGE FORM

PLAN YEAR CY 2013
_____ to _____

RETURN TO:
MONMOUTH COUNTY FINANCE DEPARTMENT
DEPENDENT CARE
PO BOX 1256
FREEHOLD, NJ 07728-1256
ATTN: DONNA BETSCH
(732) 431-7391

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

In accordance with the requirements of my Salary Reduction Agreement, I am notifying the Finance Department of the following change in status event, effective on : _____
(date)

1. Change in your legal marital status (such as marriage, legal separation, annulment, divorce, or death of your spouse),
2. Change in the number of your tax dependents (such as birth of a child, adoption or placement for adoption of a dependent, or death of a dependent),
3. Change in employment status for you, your spouse, or your dependents including termination or commencement of employment, a strike or lockout, a commencement of or return from an unpaid leave of absence, a change in worksite, switching from salary to hourly-paid, union to non-union, or part-time to full-time; incurring a reduction or increase in hours of employment; or any other similar change which makes the individual become (or cease to be) eligible for a particular employee benefit,
4. Event that causes your Dependent to satisfy or cease to satisfy an eligibility requirement for a particular benefit (such as attaining a specified age, getting married, or ceasing to be a student), or
5. Change in your, your spouse's, or your dependent's place of residence.

Change of Address: _____

The following information should be changed on my Salary Reduction Agreement for the Plan Year referenced above:
I have enclosed a new Salary Reduction Agreement as required by the plans rules.

The above information is true and I will provide documentation if requested by the administrator.

SIGNATURE OF PARTICIPANT: _____ (name) _____ (date)

ACTION TAKEN: _____ (name) _____ (date)

MONMOUTH COUNTY
DEPENDENT CARE ASSISTANCE PLAN
REIMBURSEMENT FORM

PLAN YEAR CY 2013
 _____ to _____

RETURN TO:
 MONMOUTH COUNTY FINANCE DEPARTMENT
 DEPENDENT CARE
 P.O. BOX 1256
 FREEHOLD, NJ 07728-1256
 ATTN: DONNA BETSCH
 (732) 431-7391

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

I hereby request reimbursement for the following dependent care expenses which I have incurred and for which receipt are attached:

Name of Provider	Amount Incurred	Dates Services Provided
	\$	
	\$	
	\$	
	\$	
	\$	
Total	\$	

I Certify that:

- 1) None of the providers listed above are legal dependents or children of mine under the age of 19 at the time they provided the dependent care services.
- 2) The attached receipts include: dates of service, name and address of provider, amount incurred, and signature of the provider.
- 3) I continue to meet the eligibility requirements of the Plan as stated in the Salary Reduction Agreement I signed for this Plan Year; or any amendments thereto.

SIGNATURE OF PARTICIPANT: _____ (name) _____ (date)

COUNTY OF MONMOUTH
DEPENDENT CARE ASSISTANCE PLAN
RECEIPT FOR CHILD CARE PAYMENT

I _____ do hereby certify that services have been
(Print Name of Provider)

rendered on behalf of _____ for child care services on the
(Print Name of Participant)

following dates _____. These services were provided for

_____ in the amount of \$ _____.
(Print Name of Children)

(Signature of Provider)

(Date)

COUNTY OF MONMOUTH
DEPENDENT CARE ASSISTANCE PLAN
RECEIPT FOR CHILD CARE PAYMENT

I _____ do hereby certify that services have been
(Print Name of Provider)

rendered on behalf of _____ for child care services on the
(Print Name of Participant)

following dates _____. These services were provided for

_____ in the amount of \$ _____.
(Print Name of Children)

(Signature of Provider)

(Date)

MONMOUTH COUNTY
DEPENDENT CARE ASSISTANCE PLAN
SALARY REDUCTION AGREEMENT

FOR PLAN YEAR 2013

EMPLOYEE INFORMATION

Name _____
Agency Name & Number _____

Office Phone Number _____
Social Security Number _____
Salary (Gross) _____
Home Address _____

Home Phone _____

PROVIDER INFORMATION

Name _____
Address _____

Telephone # _____
Soc. Sec # or TIN # _____
Type of service provided:

Where is service provided?

SPOUSE INFORMATION

Name _____
Place of Employment _____
Employment Address _____

Social Security Number _____
Salary (Gross) _____
School Attending _____
(If applicable)
Total Hours Attending _____
Disabled _____
(If applicable)

PROVIDER INFORMATION

Name _____
Address _____

Telephone # _____
Soc. Sec # or TIN # _____
Type of service provided:

Where is service provided?

SEE NEXT PAGE

MONMOUTH COUNTY
DEPENDENT CARE ASSISTANCE PLAN
SALARY REDUCTION AGREEMENT
(Continued)

FOR PLAN YEAR 2013

DEPENDENT INFORMATION*

Name _____	Name _____
Date of Birth _____	Date of Birth _____
Relationship to Employee _____	Relationship to Employee _____
Social Security # _____	Social Security # _____
Disabled? _____	Disabled? _____

*For additional dependents, please copy this page and submit two or more.

I elect to participate in the Monmouth County Dependent Care Assistance Plan for the Plan Year indicated on previous page. I authorize a salary reduction agreement to be credited by Monmouth County to my Dependent Care Disbursal Account in the amount as follows:

TOTAL YEARLY DEDUCTION** \$ _____ / 26 = \$ _____ PER PAY
**(Must not exceed \$5,000 or \$2,500 if married filing separately)

Signature of Participant _____

Date signed _____

RETURN TO: MONMOUTH COUNTY FINANCE DEPARTMENT
DEPENDENT CARE
P.O. BOX 1256
FREEHOLD, NJ 07728-1256
ATTN: DONNA BETSCH
(732) 431-7391