DEPENDENT CARE ASSISTANCE PROGRAM
OPEN ENROLLMENT PLAN YEAR 2021

DCAP
CO-1310 (Rev. 9/2020)

Office of the State Comptroller
Healthcare Policy & Benefit Services Division

EMPLOYEE INFORMATION

Employee Name (last, first, middle initial)	Employee Number	Job Record Number
Street Address	Date of Birth	Social Security Number (must be provided)
City, State, Zip Code	Date of Hire	_____ - _____ - _____
Employee Personal Email	Office Telephone No.	Home Telephone No.
Gender ☐ Male ☐ Female	Marital Status ☐ Single ☐ Married	

ELIGIBILITY

You CANNOT enroll in the Dependent Care Assistance Program if you are:

- On unpaid leave for any reason
- Adjunct faculty or graduate assistant
- Working or expected to work less than 0.5 full time equivalent (0.5 FTE)
- Per Diem, sessional, durational, temporary or seasonal status
- Former employees and rehired retirees

ENROLLMENT INFORMATION

Annual Election Amount $ _____

Minimum $520 / Maximum $5,000

(Married filing separately has $2500 maximum)

I am paid on the following Payroll Cycle:

☐ Bi-weekly (26) ☐ Semi-Monthly (24)

☐ Monthly (12) ☐ Five Pay (5) ☐ Special bi-weekly (26)

Identify dependents for whom DCAP will be used:

Name	Birthdate	Relationship

AUTHORIZATION

I certify that any dependents for whom I have selected the DCAP benefit reside with me in a parent-child relationship and/or are legally dependent on me for their support. I understand that I cannot deduct expenses reimbursed by my DCAP on my federal tax return. I will retain documentation for claim substantiation.

I hereby authorize the State of Connecticut to reduce my gross salary, before federal, state and Social Security taxes are withheld by the total annual election amount indicated above and affirm my understanding that:

- My election cannot be changed during the plan year, unless I experience a qualifying change in family status, as defined by the Internal Revenue Code Section 125. *Any election changes must be made within 31 days of and consistent with the change in status.*
- Funds in the DCAP account may only be used to reimburse me for eligible expenses incurred during 2021.
- Unused funds in my DCAP account that are not claimed by March 31, **2022** for eligible plan year expenses will be forfeited in accordance with Internal Revenue Code requirements.

Employee Signature	Date

MAIL, E-MAIL OR FAX COMPLETED FORM TO:

Progressive Benefit Solutions, LLC (PBS)
14 Business Park Drive #8, Branford, CT 06405
Phone 1-866-906-8023 or 203-985-1712
FAX: 203-974-4898
Email: Enrollment@pbscard.com