DEPENDENT CARE ASSISTANCE PROGRAM
MID-YEAR ENROLLMENT OR STATUS CHANGE

DCAP
CO-1310A (Rev. 4/2021)

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 paid or 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

You can make a mid-year election change or enroll in the plan during 2021 without a qualifying event.

Annual Election Amount $ _____

Minimum is $520: Maximum is $10,500

Married filing separately Maximum is $5,250

I am paid on the following Payroll Cycle: ☐ Bi-weekly (26) ☐ Special Bi-weekly (26) ☐ Semi-Monthly (24) ☐ Monthly (12) ☐ Five Pay (5)

AUTHORIZATION

I certify that the above information is true and correct and 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:

- Funds in my DCAP account that were left over from Plan Year 2020 may be used to reimburse me for eligible expenses incurred during the current plan year.
- **Claims for unspent funds from Plan Year 2020 must be submitted for reimbursement by December 31, 2021.**
- **Unspent funds contributed during Plan Year 2021 must be claimed by March 31, 2022 for eligible plan year expenses or will be forfeited in accordance with Internal Revenue Code requirements.**

Employee Signature	Date

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