

DEPENDENT CARE ADVANTAGE ACCOUNT

CHANGE IN STATUS FORM

PLEASE TYPE OR PRINT CLEARLY

EMPLOYEE NAME	LAST	FIRST	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	
HOME ADDRESS	STREET		CITY	STATE	ZIP CODE
WORK PHONE	AREA CODE	NUMBER	EXT.	HOME PHONE	AREA CODE NUMBER
DEPARTMENT ID (5-DIGIT AGENCY CODE)			NYS DEPARTMENT/AGENCY (Ex: Dept of Health, DOT, Tax & Finance, etc.)		

IF YOU HAVE A CHILD(REN) ENROLLED IN ONE OF THE NYS NETWORK CHILD CARE CENTERS LISTED ON THE BACK OF THIS FORM, PLEASE ENTER THE CORRESPONDING CODE NUMBER HERE: _____

CHANGE / ENROLLMENT REQUESTED

MUST BE SUBMITTED WITHIN **60 DAYS** OF EVENT

Your expenses will be eligible for reimbursement from the date this form is received by the Family Benefits Program or the date of your Change in Status Event, whichever is later.

TERMINATE ACCOUNT

START NEW ACCOUNT: MY CONTRIBUTION \$ _____ + EMPLOYER CONTRIBUTION* \$ _____ = TOTAL ANNUAL CONTRIBUTION \$ _____
(*SEE BACK OF FORM) (DO NOT LEAVE BLANK OR PUT \$0)

CHANGE EXISTING ACCOUNT: Current Annual Contribution \$ _____ New Annual Contribution \$ _____
(Including Employer Contribution) (Including Employer Contribution)

Your annual contribution will be prorated based upon your deductions to date and the number of payrolls remaining in the plan year.

PLEASE INDICATE THE TYPE OF CHANGE IN STATUS INCURRED:

- | | |
|--|--|
| <input type="checkbox"/> Marriage | <input type="checkbox"/> From Full-time to Part-time Employment or Vice Versa (Employee or Spouse) |
| <input type="checkbox"/> Separation or Divorce | <input type="checkbox"/> Beginning of or Return from Leave of Absence (Employee or Spouse) |
| <input type="checkbox"/> Death (Spouse or Dependent) | <input type="checkbox"/> Change in Work Schedule (Employee or Spouse) |
| <input type="checkbox"/> Birth or Adoption of Child | <input type="checkbox"/> Change in Custody of Dependent |
| <input type="checkbox"/> Beginning or End of Employment (Employee or Spouse) | <input type="checkbox"/> Change in Rate Paid (Provider Initiated) |
| <input type="checkbox"/> Dependent Disability | <input type="checkbox"/> Dependent Reaches Age 13 (Terminate or Reduce Deduction) |
| <input type="checkbox"/> Change in Care Provider | |

THIS IS TO CERTIFY THAT ON _____ (DATE OF EVENT), I INCURRED THE CHANGE(S) IN STATUS CHECKED ABOVE, AND THEREFORE WISH TO CHANGE MY PLAN BENEFITS AS INDICATED ABOVE. I UNDERSTAND THAT THE CHANGE REQUESTED MUST BE CONSISTENT WITH THE CHANGE IN EVENT.

NOTE: The IRS allows only the above changes in status and requires that you maintain legal documentation of the changes in your personal records. Examples of documentation include marriage, birth, or death certificates; divorce decrees; notices of legal separation; proof of change in spouse's employment; or adoption papers.

I HAVE READ THE DEPENDENT CARE ADVANTAGE ACCOUNT ENROLLMENT MATERIAL DISTRIBUTED TO ME. I UNDERSTAND THAT MY DEPENDENT CARE ELECTION WILL BE IN EFFECT THROUGHOUT THE CALENDAR YEAR, UNLESS I EXPERIENCE A CHANGE IN FAMILY STATUS THAT WOULD ALLOW ME TO ADJUST MY COVERAGE. I FURTHER UNDERSTAND THAT BY COMPLETING AND SIGNING THIS FORM, I AUTHORIZE THE STATE TO DEDUCT THE DCAACCOUNT CONTRIBUTIONS IN PRE-TAX DOLLARS FROM MY PAYCHECK, WHICH CAN ONLY BE USED TO REIMBURSE ME FOR QUALIFIED DEPENDENT CARE EXPENSES INCURRED DURING THE CALENDAR YEAR AND WHICH WILL BE FORFEITED IF NOT USED FOR THAT YEAR. I ALSO UNDERSTAND THAT REIMBURSEMENTS CANNOT EXCEED AMOUNTS CREDITED TO MY DCAACCOUNT.

SIGNATURE

DATE

Mail completed form to:
Family Benefits Program
DCAAccount
55 Elk Street, Suite 301-C
Albany, NY 12210-2331

NYS FLEX SPENDING ACCOUNT
A STATE EMPLOYEE BENEFIT THAT PUTS MONEY IN YOUR
POCKET
1-800-358-7202 (then press 2)

Office Use Only

Date Received by FBP _____
FBP Authorization _____
New Biweekly Deduction Amt. _____
Number of Remaining Paychecks _____
Pay Basis Code _____

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*EMPLOYER CONTRIBUTIONS FOR THE 2006 PLAN YEAR

IF YOUR FULL-TIME SALARY IS...	THE EMPLOYER CONTRIBUTION* IS...
Over \$70,000	\$200
\$60,001 - \$70,000	\$300
\$50,001 - \$60,000	\$400
\$40,001 - \$50,000	\$500
\$30,001 - \$40,000	\$600
Up to \$30,000	\$700
GSEU employees only	\$500

*For Executive Branch State employees who are M/C or represented by CSEA, PEF, UUP, GSEU, or DC-37; or are employees of the Legislature, Roswell Park Cancer Institute, NYSERDA, or Environment Facilities Corporation.

DO YOU HAVE CHILDREN ENROLLED IN ONE OF THE NYS NETWORK CHILD CARE CENTERS?

IF YES, RECORD THE CODE NUMBER ON THE FRONT OF THIS ENROLLMENT FORM.

CAPITAL DISTRICT ENVIRONS

- 01 Wee Care At Labor (Bldg.12)
- 02 The Children's Corner Day Care Center (State Education Bldg.)
- 03 Pierce Hall at the Children's Place (Downtown Albany)
- 04 Campus Children's Center (Bldg. 4)
- 05 Carol A. Dunigan Day Care Center (CDPC)
- 06 Campus Children's Center d/b/a Ten Eyck Tykes (Downtown Albany)
- 07 Pooh's Corner (Capital District DDSO)
- 08 Campus Children's Center/U-Kids (SUNY Albany)

MID-HUDSON

- 09 Care 4 Me (Fishkill CF)

LOWER HUDSON

- 10 Hilltop Children's Center (MPC)
- 11 TLC Learning Center (Helen Hayes Hospital)
- 12 Kid's Corner Child Care Center (Rockland PC)
- 13 The Children's Center At SUNY Purchase

NORTH COUNTRY

- 14 First Step Day Care Center (Watertown SOB)
- 15 SUNY Potsdam Child Care Center
- 16 Tendercare Tots Center (Adirondack CF)
- 17 SUNY Plattsburgh Child Care Center

SOUTHERN TIER

- 18 Delhi Campus Child Care
- 19 SUCO Children's Center (Oneonta)
- 20 Campus Pre-School And Early Childhood Center (SUNY Binghamton)
- 21 Cobleskill Campus Child Care (SUNY Cobleskill)
- 22 EPC/ECF Day Care Center, d/b/a Gingerbread House (Elmira)

LONG ISLAND

- 23 Stony Brook Child Care Services (SUNY)
- 24 SUNY Farmingdale Child Care Center
- 25 Small Wonders Child Care Center (Suffolk SOB)

NEW YORK CITY AREA

- 26 Busy Beach Day Care Center (So. Beach PC)
- 27 The Children's Center At SUNY Brooklyn
- 28 Hanson Place Child Development Center (Brooklyn)
- 29 Bright Beginnings in Queens Village (Creedmoor PC)

MIDSTATE

- 30 Children's Corner At Rome
- 31 Nurturing World Child Care Center (Hutchings PC)
- 32 Upstate Day Care Center, d/b/a Health Science Child Care Center (Syracuse HSC)
- 33 Humpty Dumpty Day Care Center d/b/a E. C. Stanton Children's Center (Willard)
- 34 SUNY Cortland Child Care Center d/b/a Cortland College Children's Center
- 35 The Children's Center at SUNY Morrisville

BUFFALO ENVIRONS

- 36 Buffalo State College Child Care Center
- 37 University at Buffalo Child Care Center (SUNY Buffalo)
- 38 The Early Childhood Center at Roswell Park (Buffalo)
- 39 Campus and Community Children's Center, Inc. (SUNY Fredonia)
- 40 Jelly Bean Junction (Buffalo PC)

Visit us online

www.flexspend.state.ny.us

or call the FSA Hotline 1-800-358-7202

(Press 2 for the DCAAccount)