



FOOTHILL-DE ANZA
Community College District

Flexible Spending Account (FSA)

Dependent Care FSA Worksheet

Qualifying expenses are those incurred for the care and well being of your dependent so that you or you and your spouse may be gainfully employed.

Estimate the monthly expenses you will incur for each eligible dependent over the next plan year. (July – June). Please double-check your estimates. If you are satisfied with the totals, enter the appropriate amounts on your FSA worksheet, then enter the monthly deduction online.

For a detailed list of eligible expenses refer to IRS Publication number 503 (Child and Dependent Care Expenses), available online at <http://irs.gov>.

CHILD/DEPENDENT CARE REIMBURSEMENT ACCOUNT

Annual payment to a child/dependent care facility or individual \$ _____

Annual payment to other qualifying care providers \$ _____

Total Annual Estimated Child/Dependent Care Expenses \$ _____

My taxable wages will be reduced by the following amount each pay period:

_____	x	10, 11 or 12	=	\$ _____
Per Pay Period		Number of Pay Periods		Annual Dependent Care FSA Amount

Important: These amounts will be deducted in installments from your paycheck throughout the plan year. Remember that, once you enroll, you may not change the amount for either FSA account unless your family status changes (as defined by IRS regulations).

For Dependent Care FSA - if the claim exceeds the money you have in your account, checks will be issued as money accumulates each pay period, until the expense is paid or until you have used all the money in your account for that year.

Requests for reimbursement of any eligible expense incurred within the plan year may be submitted for up to 120 days after the end of the plan year or September 30th. You may submit claims each month to PRINCIPAL FINANCIAL LIFE INSURANCE COMPANY, GROUP PLAN #P89192. Claims received by the 10th of each month will be processed by the 15th of the same month. The checks for reimbursement will be sent directly by Principal to your home address. The money in one FSA account may *not* be used to cover expenses in the other, per IRS regulations.

- Your minimum annual contribution is **\$500** and the maximum total dependent care FSA allocation may not exceed **\$5,000**.

NOTE: Any unused balance in your account at plan-year end will be forfeited (by law).