

DCAP KEY POINTS

IMPORTANT INFORMATION ABOUT THE DEPENDENT CARE ASSISTANCE PLAN (DCAP) FY 2013 plan year (effective July 1, 2012)

Only services provided from July 1, 2012, through June 30, 2013, are eligible for reimbursement. Claims for the 2013 plan year must be submitted to FBMC by the end of the run-out period, which is **September 30, 2013, in order to be eligible for reimbursement.** In accordance with IRS regulations, any unclaimed amount remaining in your account at the end of the filing deadline will be forfeited. All account discrepancies must be resolved by the September 30th deadline.

Address Changes

Contact your agency group insurance representative (GIR) to change your address with regard your DCAP account. Reimbursement checks will be mailed to the address on file with your GIR, unless you have direct deposit (see below for more information).

Enrollment Effective Date

- When enrolling during the annual Benefit Choice Period, services that are eligible for reimbursement are those that were incurred beginning July 1, 2012, through June 30, 2013. **The last date of services that may be submitted for reimbursement is June 30, 2013, for FY 2013 expenses.**
- When enrolling during the plan year due to experiencing a qualifying change in status or due to becoming a new state employee, the effective date to incur eligible expenses is the first day of the pay period following either the signature date on the *DCAP Enrollment Form* or the date of the qualifying event, whichever is later. Expenses for services incurred prior to the effective date will not be eligible for reimbursement.

Claim Submission Procedures

Services for dependent care expenses (e.g., after-school care, child daycare and elder daycare) must be provided before a claim for reimbursement can be submitted. Claims that cross plan years and/or claims submitted without adequate documentation or a signature may be returned to you unpaid. Reimbursement payments will be limited to the amount that is in your DCAP account at the time the claim is processed. Claims are processed daily.

When submitting a DCAP claim for reimbursement, you must complete an *FSA Claim Form* (available on the Benefits website at www.benefitschoice.il.gov). Claims and required documentation may be submitted online or faxed to FBMC at 1-866-440-7152 (toll-free). To submit online, login to FBMC's website at www.myFBMC.com, select the 'Claims' tab, then select the 'Online FSA Claim Submission' drop down option; be sure to make a note of your confirmation number. Alternatively, claim forms and documentation may be mailed to the following address:

FBMC
P.O. Box 1810
Tallahassee, FL 32302-1810

Please do not send claim forms and documentation to the Flexible Spending Accounts Unit at Central Management Services (CMS). Questions regarding claim submission, documentation or eligibility requirements, should be directed to FBMC at 1-800-342-8017.

Direct Deposit

You may complete a direct deposit application and have your reimbursement payments electronically sent to your checking or savings account. The *Direct Deposit Authorization Form* is available on the Benefits website at www.benefitschoice.il.gov. Completed form must be sent directly to FBMC for processing.

DCAP Eligibility of Dependents

The IRS guidelines for dependent eligibility are on page 10 of the 2012-2013 Flexible Spending Accounts booklet (available online at www.benefitschoice.il.gov). For example, you may only be reimbursed for dependent care expenses of dependents through age 12. Once a dependent reaches age 13, any dependent care expenses associated with that dependent are no longer eligible for reimbursement.

Eligible Service Dates

Dependent care services are considered to have been incurred when they were provided; not when they were billed or paid. Expenses cannot be carried from one plan year to the next.

The following expenses are not eligible for reimbursement:

- Expenses incurred prior to the effective date of enrollment for the current plan year;
- Expenses incurred after a pay period for which the last payroll deduction was taken;
- Expenses incurred after the end of the current plan year (i.e., June 30, 2013); or
- Expenses incurred while either you or your spouse were not actively at work or looking for work (except in cases where the spouse is either a full-time student or incapable of self-care).

Please be advised that the time you or your spouse is away from work to care for a newborn is not reimbursable through DCAP.

Revoking Participation in DCAP

Voluntary Revocation: Certain life events allow you to revoke participation in DCAP during the plan year. If you experience an eligible change in status and decide to revoke participation, you may continue to request reimbursement of expenses that were incurred prior to the revocation through the end of the run-out period, September 30, 2013.

Involuntary Revocation: If you leave payroll for any reason (e.g., terminate employment, go on a leave of absence or retire), you must notify your agency GIR immediately. Eligibility for DCAP ends once you leave payroll; therefore, your participation must be terminated. The effective date of the termination will be the earlier of (1) the last day you and your spouse (if applicable) were both actively at work or seeking employment, or (2) the last day of the pay period from which a deduction was taken. Once your participation in DCAP has been terminated, you may continue to request reimbursement of expenses that were incurred prior to the termination through the end of the run-out period, September 30, 2013.

Returning to Work from a Leave of Absence

Re-enrollment in DCAP from a leave of absence is not automatic. If you return to work from a leave of absence and wish to re-enroll in DCAP, you may do so as long as you re-enroll within 60 days from the return to work date. You must complete a new *DCAP Enrollment Form* in order to re-enroll. The effective date of the new eligibility period is the first day of the pay period following either the signature date on the *DCAP Enrollment Form* or the return to work date, whichever is later. Please note that having a baby is **not** a qualifying event to enroll in DCAP. In the event of a birth, the date that you or your spouse returns to work following the maternity leave is the qualifying event which would allow you to enroll in DCAP.

More Information

For more information about DCAP, please contact FBMC at 1-800-342-8017. You may also contact the FSA Unit at Central Management Services toll-free at 1-800-442-1300 (select "Group Insurance," then "Participant," then "Flexible Spending Unit"), or call them directly at 1-217-558-4509.