

DEPENDENT CARE ASSISTANCE PLAN

ENROLLMENT FORM FY_____

Section A – Type of Enrollment

Benefits Choice Enrollment

New Hire Date of Hire _____ / _____ / _____

Mid-Year Enrollment **Qualifying Change in Status Code Required** (see chart in Section D) _____

I certify that the above eligible change in status event occurred on _____ / _____ / _____

Section B – Employee Information

Social Security Number	Last Name	First	Initial
			()
Street Address	City	State	Zip Code
			Home Phone
			()
Agency			Work Phone

Section C – Deduction Information and Authorization

Deduction Information and Authorization - I authorize the State of Illinois to deduct the amount indicated below from each paycheck for my DCAP account.

The number of deductions for semi-monthly or bi-weekly payrolls is 24.
 The number of deductions for monthly payrolls is 12 (university employees could have less than 12).

\$ _____	X	_____	=	\$ _____
Deduction Amt Per Pay		Number of Deductions		Total Annual DCAP Expenses (Minimum = \$240.00; Maximum = \$5,000.00)

Section D - Change in Status Code Chart

01	Adoption of dependent *	13	Employee changes employment status from Part-time <50% to Full-time
02	Marriage	14	Spouse commences employment
03	Divorce, legal separation or annulment *	16	Spouse returns from leave of absence
08	Judgment, decree or court order *	18	Spouse changes employment status from Part-time to Full-time
10	Employee commences employment	21	Change in the cost of care
11	Employee returns to payroll (from being on a leave of absence)	24	Coordination of spouse's annual benefit election period

* Reviewed case-by-case

