



Dependent Care Assistance Program (DCA)

Employer: _____

Employee Name: _____ Last 4 of SSN: _____

Email: _____

Dependents for whom care will be provided:

DEPENDENT NAME	LAST 4 OF SSN	AGE/BIRTHDATE	RELATION
_____	_____	_____	_____
_____	_____	_____	_____

Important Information

Change of Status or Change of Cost: It is important to inform AWM whenever you have an increase or decrease in your dependent expenses or any other kind of change of status within thirty (30) days of the change.

Definition of a "qualified individual": Dependent 12 or younger or a disabled spouse or dependent.
**Refer to the IRC § 129 for details on dependent eligibility.*

Eligible Expenses

- Before-school and after-school care
- Expenses for preschool/nursery school
- Extended day programs
- Au pair services (amounts paid for the actual care of the dependent)
- Nanny services (amounts paid for the actual care of the dependent)
- Summer day camp for your qualifying child under the age of 13
- Elder day care for a qualifying individual

Ineligible Expenses

- Amounts paid to your spouse, your child under age 19, a parent of your child who is not your spouse or an individual for whom you or your spouse is entitled to a personal tax exemption as a dependent
- Expenses related to a disabled spouse or tax dependent living outside your household
- Tuition for kindergarten and above

I have read and understand the terms of participation in the DCA program.

Employee Signature: _____ Date: _____ / _____ / _____

FAX: 855-265-1830

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