

# U.A. Local No. 393 Dependent Care Assistance Flexible Spending Account Plan (DCA FSA)

## ELECTION FORM FOR PRE-TAX DEFERRALS

### **IMPORTANT:**

This is a **use it or lose it benefit**. You should think carefully about your under-13 childcare needs before enrolling. The IRS requires that all money contributed to your DCA FSA in a Plan Year (January 1 – December 31) be used in the Plan Year or the Grace Period (through March 15th of the following year). Any monies remaining in your DCA FSA at the end of the Grace Period are forfeited to the Plan.

**This form is only applicable for the upcoming calendar year. You will be required to resubmit a new form for every calendar year you elect to participate in the DCA FSA.**

**\*Please read the FAQs on page 2 for more information before completing this Election Form\***

To enroll in the DCA FSA, you must file this Election Form with the Local 393 union office in person, by mail, or by email:

Mail or In-person:     **U.A. Local Union 393  
6299 San Ignacio Avenue  
San Jose, CA 95119**

Email:                   **Forms@local393.org**

### **Election:**

I hereby **elect to participate** in the U.A. Local No. 393 Dependent Care Assistance Flexible Spending Account Plan for the upcoming calendar year. I authorize my employer/employers to withhold from my wages each pay period as follows: **(check one)**

- \$4.00**
- \$3.00**
- \$2.00**
- \$1.00 (required for participants who are married but file separate tax returns)**

for each hour of covered employment for which I am paid. My total withholding during the upcoming calendar year may not exceed the Limits above. The withholding will become effective with hours worked commencing January 1<sup>st</sup>. This election shall apply to all signatory employers that I may work for in the upcoming calendar year. The rate deferred per hour of covered employment for which I am paid will be proportional to the type of work. For example, if I elect \$3/hour of covered employment for which I am paid and I work double-time, then I will receive \$6/hour of covered employment for which I am paid.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Social Security Number – Last 4 Digits)

\_\_\_\_\_  
(Email)

\_\_\_\_\_  
(Current Employer)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

# **U.A. Local No. 393 Dependent Care Assistance Flexible Spending Account Plan (DCA FSA)**

## **FREQUENTLY ASKED QUESTIONS**

### **What is a Dependent Care Assistance Flexible Spending Account Plan (DCA FSA)?**

A DCA FSA is a pre-tax benefit account used to pay for eligible dependent care services, such as preschool, summer day camp, before or after school programs and daycare for your child who is under age 13. It can also be used to pay for care for your spouse or a relative who is physically or mentally incapable of self-care and lives in your home. The IRS determines which expenses can be reimbursed by the DCA FSA.

### **What type of Plan is the U.A. Local No. 393 Dependent Care Flexible Spending Account Plan?**

The U.A. Local No. 393 Dependent Care Plan is a cafeteria plan that is a separate written plan that meets the specific requirements and regulations of section 125 of the Internal Revenue Code.

### **What taxes are owed on contributions to the DCA FSA?**

Generally, qualified benefits under a cafeteria plan are not subject to FICA, FUTA, Medicare Tax or income tax withholding. The contributions are also excluded from California State taxes. See California Employment Development Department Form DE231EB. The Trustees of the Plan cannot provide tax advice and you should consult your own tax advisor.

### **Who is eligible to contribute to the DCA FSA?**

You are eligible to contribute to the DCA FSA if you are eligible for benefits under the U.A. Local No. 393 Health and Welfare Plan, and

- You and your spouse need childcare or other qualified dependent care while you both work or look for work, or
- Your spouse is a full-time student or incapable of self-care.

**If your spouse is unemployed and has no source of income, you should not enroll in this Plan.**

### **How does the DCA FSA Work?**

You will need to complete the enrollment form on page 1 which will specify the hourly amount that should be deducted from your taxable wages. The annual limits on contributions are the lesser of:

- \$7,500 per Plan Year (January 1 to December 31) but note that this is reduced to \$3,750 if you are married but file separate tax returns
- Your total earned income
- Your spouse's earned income (certain exceptions apply if your spouse is disabled or a full-time student)

You will be required to submit a new form for every calendar year you elect to participate in the U.A. Local No. 393 Dependent Care Plan.