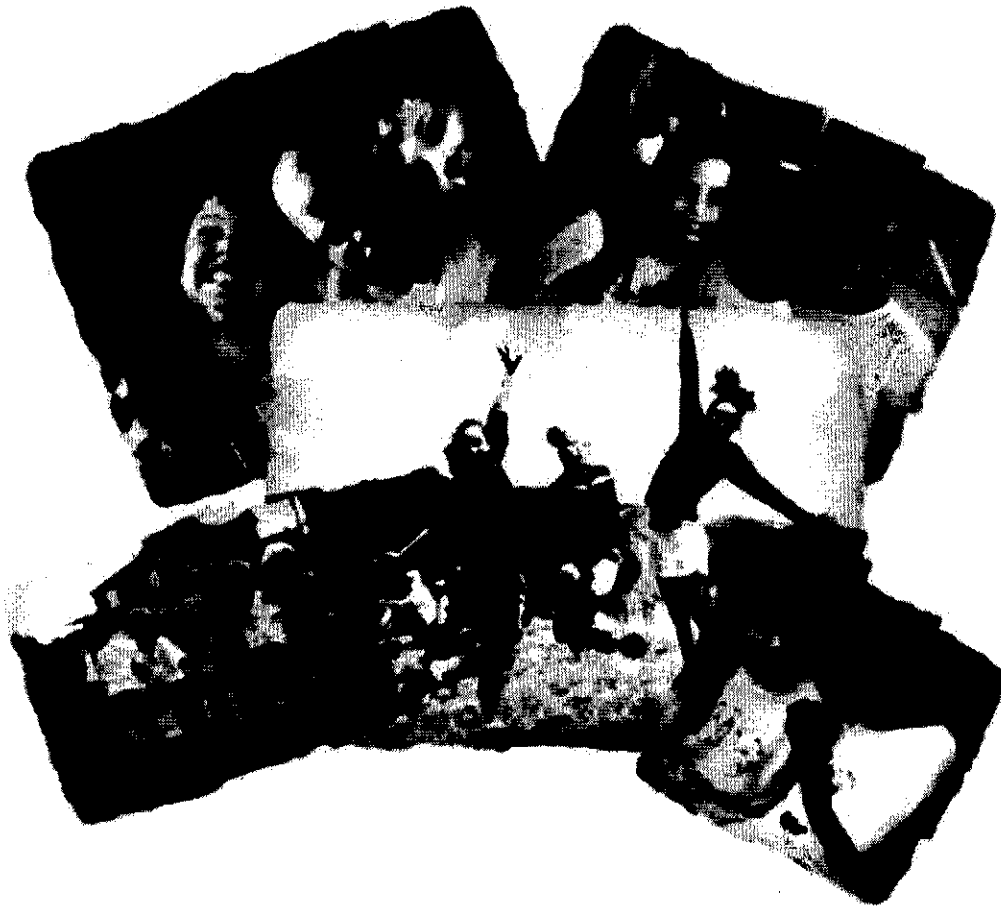
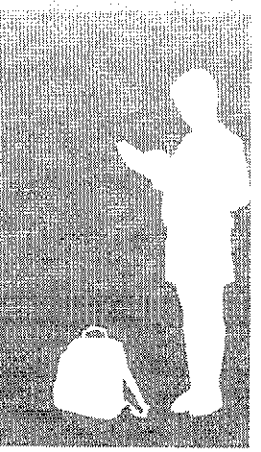
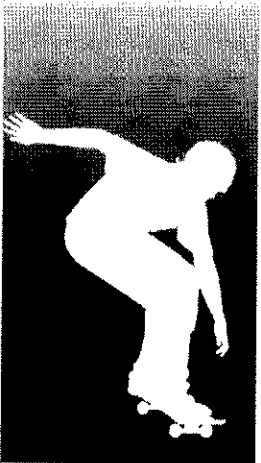


NY/NE Regional & LOCAL Work & Family Committee  
Verizon / CWA / IBEW  
Presents the 2011 Summer Day Camp / Summer Sleep Away Camp  
DCRF Employee Reimbursement Fund



**DEADLINE FOR ENROLLMENT  
JUNE 30 2011**



# 2011

# SUMMER CAMP PROGRAM



CWA, IBEW 2213 and Verizon are pleased to announce a Summer Camp Reimbursement Program offered through the Regional Work and Family Committee. Eligible employees who have not participated in the Dependent Care Reimbursement program since August/September 2010 can request reimbursement (up to \$200.00 per session; max \$400.00) for summer camp expenses for dependent children up to age 15.

For more information and an application, please visit our website at: [www.regionalwfrc.com](http://www.regionalwfrc.com)

If you have any questions or are unable to access the website, please contact the Work and Family Committee Staff at phone number (516) 797-3872 or call your Local Union office. Correspondence can be sent to Fund Administrator, Beverly Steele; 120 Hicksville Road, Room 200A, Massapequa, NY 11758; [Beverly.Steele@verizon.com](mailto:Beverly.Steele@verizon.com)

**CWA**

**Verizon**

**IBEW 2213**

**2011 Summer Day Camp/Summer Sleep Away Camp Application**

Complete ALL Information. Incomplete applications will not be processed.

**Employee Section**

Last Name	First Name	Employee ID#	NCS#
Home Address	City	State	Zip
Home Tel # ( ) -		Cell # ( ) -	
Work Address	City	State	Zip
Work Tel # ( ) -			
Check One	<input type="checkbox"/> CWA Local #	<input type="checkbox"/> IBEW 2213	<input type="checkbox"/> Management
Check One	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Home e-mail	Work e-mail		

**Provider Section**

*(you must fill out separate applications if your dependent will be attending more than one camp during a session)*

**Session 1** (runs from June 26 to July 30, 2011) My child will attend from \_\_\_\_\_ to \_\_\_\_\_

Dependent Last Name	First Name	Date of Birth	Age
Camp Name	check one	<input type="checkbox"/> Day Camp	<input type="checkbox"/> Sleep Away Camp
Camp Address	City	State	Zip
Camp Telephone # ( ) -			
Camp Registration #	Camp License #		
Camp Cost (attach all receipts and/or canceled checks) \$			
Camp Authorized Signature			

**Session 2** (runs from July 31 to August 27, 2011) My child will attend from \_\_\_\_\_ to \_\_\_\_\_

Dependent Last Name	First Name	Date of Birth	Age
Camp Name	check one	<input type="checkbox"/> Day Camp	<input type="checkbox"/> Sleep Away Camp
Camp Address	City	State	Zip
Camp Telephone # ( ) -			
Camp Registration #	Camp License #		
Camp Authorized Signature			

**Employee Authorization**

I, \_\_\_\_\_ have read the criteria of 2011 Summer Day Camp/Summer Sleep Away Camp Program and agree to abide by them and my signature signifies I abide by the criteria. I certify that all the information I have provided on this form is accurate.

Employee Signature	Date
--------------------	------

**Send This Form to:** *(you must attach all required W2 and IRS forms - see "Requirements and Criteria" section of the Q and A)*

NY/NE Regional Work and Family, Beverly Steele, Fund Administrator  
120 Hicksville Road, Room 200-A  
Massapequa N.Y. 11758

Phone: 516-797 3872  
Email: Beverly.steele@verizon.com

## Summer Day or Sleep Away Camp Program



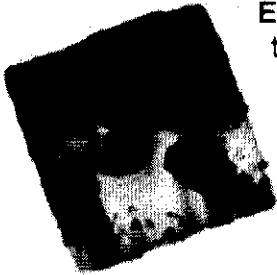
Verizon / CWA / IBEW 2213 NY/NE Regional Work & Family Committee

<b>What is the Summer Day Camp / Summer Sleep Away Camp Program?</b>	<b>1</b>
<b>How do I know if I am eligible for the 2011 Summer Day or Sleep Away Camp Program?</b>	<b>1</b>
<b>Requirements and Criteria</b>	<b>1</b>
<b>Is there an Annual Income Cap?</b>	<b>2</b>
<b>Which camps are eligible?</b>	<b>2</b>
<b>How much will I be reimbursed?</b>	<b>2</b>
<b>How do I to enroll?</b>	<b>2</b>
<b>How will I know if I am approved?</b>	<b>3</b>
<b>Will my reimbursement be taxed?</b>	<b>3</b>
<b>Whose care can I be reimbursed for?</b>	<b>3</b>
<b>What must I do to be reimbursed?</b>	<b>4</b>
<b>How will I be reimbursed?</b>	<b>4</b>
<b>Appeal Process</b>	<b>4</b>
<b>To contact your Local Work &amp; Family Committee Member call</b>	<b>5</b>

The following Questions and Answers should help you determine if you are eligible to enroll in the DCRF Summer Day or Sleep Away Camp Program . An application can be printed through this web site. [www.regionalwfrc.com](http://www.regionalwfrc.com)

*\*Please note in an effort to distribute reimbursements in an equitable manner employees enrolled in the Dependent Care Reimbursement Fund (DCRF) between September 2010 through June 2011 are NOT ELIGIBLE for enrollment or reimbursement under the 2011 Summer Day or Sleep Away Camp Program*

## **What is the Summer Day Camp / Summer Sleep Away Camp Program?**



Eligible employees can receive assistance with paying a portion of their summer day or sleep away camp expenses for their dependent children between the ages of 5-15 who attend Summer Day Camp or Summer Sleep Away Camp. If you have questions concerning your dependent's eligibility contact your Work Family Coordinator listed on the last page of this document.

## **How do I know if I am eligible for the 2011 Summer Day or Sleep Away Camp Program?**

You must be a:

CWA ( NY, New England) employee or a IBEW 2213 employee eligible for benefits under the NY/NE Regional Work & Family Committee.

You must pay a licensed registered summer day or sleep away camp.

You must be in need of dependent care in order to work. Under federal law, you and your spouse must be working during the hours your dependents are in care in order to make this is a "tax-free" benefit. The only exceptions are when your spouse is a full-time student, or is actively seeking work or is medically diagnosed and unable to care for themselves. You must provide documentation to substantiate your claim.

All enrollees will be notified by e-mail or by U.S. Mail, attach a self-addressed, stamped envelope if you wish to receive your notification via U.S. Mail.

## **Requirements and Criteria**

Employees must complete and submit an enrollment application by the deadline date: June 30, 2011. Applications received after the deadline date of June 30, 2011 will be considered untimely and subject to appeal to Regional Work & Family Committee.

Employees must include at the time their application is submitted a copy of their 2010 IRS 1040 form page one. If married and filing separately the employee must include a copy of their spouse's IRS 1040 form page one and 2010 W-2.

Your dependent's 2011 summer day or sleep away camp must be licensed, registered and legally operating. If you do not know whether the Camp is legally operating you can call Anthem 888-441-8674 or access the website at [www.anthem.com](http://www.anthem.com) for help.

### **Is there an Annual Income Cap?**

**No annual income cap applies.**

### **Which camps are eligible?**

Only legally operating, registered Summer Day Camp or Summer Sleep Away Camp expenses are eligible for reimbursement.

### **How much will I be reimbursed?**

Eligible employees will receive up to \$200.00 reimbursement toward the cost of their summer camp expenses for each session indicated below. Employees may enroll one dependent child per session per family.

#### **Session ONE**

June 26, 2011 to July 30, 2011

#### **Session TWO**

July 31, 2011 to September 03, 2011

### **How do I to enroll?**

Complete an enrollment application before the deadline date of June 30, 2011. Forward your enrollment application with required IRS 1040 page one and W-2 for 2010. If married, employees must submit a copy of their spouse's W-2 as well as a copy of their spouse's IRS 1040 form.

If your dependent child is not shown on your 2010 IRS 1040 form you must attach a copy of the dependent child's birth certificate to your enrollment application.

Applications received after the deadline date of June 30, 2011 will be considered untimely and subject to appeal to Regional Work & Family Committee.

Return your application and other supporting documents for enrollment to:

NY/NE Regional Work & Family Committee  
c/o Beverly Steele, Fund Administrator  
120 Hicksville Road, Suite 200-A  
Massapequa, New York 11782

### **How will I know if I am approved?**

Be sure to provide a personal or company e-mail address on your enrollment application. Confirmation of acceptance or denial will be \*e-mailed to the address you specify. (*See appeal process if your request is denied.*)

\*If no e-mail address is available enclose a self stamped, self addressed envelope so confirmation of your acceptance or denial can be forwarded to the address you specified through U.S. Mail.

### **Will my reimbursement be taxed?**

~If your dependent child is 5 years of age but not yet 13 you will not be taxed.

~If your dependent child is 13 years of age but not yet 15 your reimbursement will be taxed.

~Sleep away Camp **is taxable regardless of age.**

### **Whose care can I be reimbursed for?**

In addition dependent's over the age of 15 with special needs or been physically or medically diagnosed unable to care for themselves who will be attending summer day or sleep away camp are eligible.

If your dependent child is not shown on your 2010 IRS 1040 form you must attach a copy of the dependent child's birth certificate to your enrollment application.

If the dependent child is under your custodial care, foster care or is your adopted child, attach legal documentation to your enrollment application.

### **What must I do to be reimbursed?**

You must be enrolled and approved in the 2011 Summer Day Camp/Summer Sleep Away Camp by June 30, 2011. Applications can be obtained by visiting our web-site at [www.regionalwfrc.com](http://www.regionalwfrc.com)

Complete a "Request for Reimbursement of Summer Camp Expense" form via U.S. MAIL to the Fund Administrator.

### **How will I be reimbursed?**

One payout of expenses will be made regardless of session is attended. Employees will receive reimbursement directly with their paycheck for week ending September 30, 2011.


Eligible management employees will receive their reimbursement with their monthly check for the previous months expense during the months of August and September.

### **Appeal Process**

Appeals must be submitted in writing to the NY/NE Regional Work & Family Committee include details of your claim. Enclose all necessary documentation. Your appeal must be received within 45 days of your written notification of denial of enrollment or within 45 days of non payment of your Summer Camp expense.

Submit your appeal to NY/NE Regional Work & Family Committee c/o Beverly Steele, Fund Administrator 120 Hicksville Road Suite 200-A Massapequa New York 11758

**To contact your Local Work & Family Committee Member call**

<p><b>Gladys Finnigan, Chairperson CWA Staff Rep.</b> 80 Pine Street, floor. 37 New York, N.Y. 10005 Phone: 212 344 7332 <a href="mailto:gfinnigan@cwa-union.org">gfinnigan@cwa-union.org</a></p>		<p><b>Beverly Steele, Fund Administrator</b> 120 Hicksville Rd. Suite 200-A Massapequa, N.Y. 11758 Phone: 516 797-3872 <a href="mailto:beverly.steele@verizon.com">beverly.steele@verizon.com</a></p>
<p>IBEW 2213 Christine Gioranda Assistant Business Mgr. One Telergy parkway 6333 Rt. 298, Suite 1-C East Syracuse, N.Y. 13057 Phone 315- 438-3322 <a href="mailto:christine@ibew2213.org">christine@ibew2213.org</a></p>	<p>CWA Local 1103 Fran Gottrom 345 Westchester Ave Port Chester, NY 10573 Phone: 914-939-8203 <a href="mailto:fgottrom@cwa1106.org">fgottrom@cwa1106.org</a></p>	<p>CWA Local 1104 Stella Peryera, B.A. One Florgate Rd. Farmingdale, NY 11735 Phone: 516 672-2480 <a href="mailto:spereyra@1104.org">spereyra@1104.org</a></p>
<p>CWA Local 1104 Kim Young, E.V.P. 107 Murray Street Binghamton, NY 13905 Phone: 315-696-8233 <a href="mailto:kyoung@cwa1104.com">kyoung@cwa1104.com</a></p>	<p>CWA Local 1105 Beatrice Zapata, Secretary 3223 E. Tremont Avenue Bronx, New York 10461 Phone: 718 430 1500 <a href="mailto:beatrice@cwa1105.org">beatrice@cwa1105.org</a></p>	<p>CWA Local 1106 Anne Holland- McCauley Secretary-Treasurer 221-10 Jamaica Avenue Queens Village N.Y. 11428 Phone: 718 479- 1106 <a href="mailto:moneyholland@aol.com">moneyholland@aol.com</a></p>
<p>CWA local 1108 Beth Boland, V.P. 39 Baker Street Patchougue, NY 11772 Phone: 631-654-1108 <a href="mailto:beth@cwa1108.org">beth@cwa1108.org</a></p>	<p>CWA Local 1109 Nina Coban, E. Board Member 1845 Utica Avenue Brooklyn, New York 11234 Phone: 718 444-1109 <a href="mailto:Ncoban@cwa1109.org">Ncoban@cwa1109.org</a></p>	<p>CWA Local 1118 Theresa Devine, B.A. 4 Wembley Court Albany, N.Y. 12205 Phone: 518 862-0651 <a href="mailto:devine1@nycap.rr.com">devine1@nycap.rr.com</a></p>

**Verizon CWA IBEW 2213  
REQUEST FOR SUMMER CAMP REIMBURSEMENT**

For the Month of \_\_\_\_\_

Employee Name: _____		Emoloyee ID # : _____	
Last Name                      First Name		VZ ID # : _____	
Home Address: _____		City : _____	State : _____ Zip : _____
Home Telephone # : _____		Personal Cell # : _____	
Work Address: _____		City : _____	State : _____ Zip : _____
Work Telephone # : _____		Work e-mail Address : _____	
<b>Check one of the below boxes to indicate your affiliation with Verizon</b>			
<input type="checkbox"/> CWA LOCAL # : _____	<input type="checkbox"/> IBEW 2213	<input type="checkbox"/> MANAGEMENT	<input type="checkbox"/> OTHER _____
Dependent Name : _____		Dependent Date of Birth* : _____	Age* : _____
<b>EMPLOYEE SECTION</b>			
* Employees must submit this request for reimbursement of summer camp expenses by September 9, 2011			
<b>Session One Camp Expense</b>		<b>Session Two Camp Expense</b>	
Date attended from _____ to _____		Date attended from _____ to _____	
cost \$ _____		cost \$ _____	
Attach proof of payment to back of form.		Attach proof of payment to back of form.	
<input type="checkbox"/> Day Camp <input type="checkbox"/> Sleep Away Camp		<input type="checkbox"/> Day Camp <input type="checkbox"/> Sleep Away Camp	
<b>I certify the accuracy of the above information.</b>			
Employee Signature: _____		Date: _____	
<b>CAMP PROVIDER COMPLETE AND PLEASE SIGN BELOW</b>			
Camp Name: _____		Camp Phone # : _____	
Camp Address : _____		City : _____	State : _____ Zip : _____
Tax ID # : _____	Provider's SS # : _____	Registration # : _____	
I certify that the above amounts of monies were received for services rendered, and I am responsible for reporting these monies to the IRS AS INCOME.			
Provider's or Authorized Signature : _____		Date : _____	

**See reverse for instructions for completion of this form**

# How to complete this form

Employees must complete this form in its entirety. One form per provider.  
Only original signatures & reimbursement forms will be accepted.  
Photocopies or faxed copies will not be accepted unless requested by  
Fund Administrator.

Employee and Care Provider must sign and complete the Care Provider  
Section of this form. Attach original receipts or copy of cancelled check or  
money order when available.

Employee requests for reimbursement must be POSTMARKED no later  
than the SECOND FRIDAY OF EACH MONTH.

Return this Monthly Reimbursement Form via Regular U.S. MAIL to:

**VERIZON NY/NE Regional Work and Family Committee**  
**c/o Beverly Steele, Fund Administrator**  
**120 Hicksville Road, Room 200-A, Massapequa N.Y. 11758**  
**beverly.steele@verizon.com (516) 797-3872**

\*Reimbursement for dependent children ceases on the last day of the  
month prior to the month in which the child turns 13 years old.

## **Appeal Process**

(Enrollment / Monthly Reimbursement)

Appeals must be submitted in writing to the NY/NE Regional Work and  
Family Committee with details of your situation. Enclose all necessary  
documentation. Your appeal must be received by the committee within 45  
days of your written notification of denial of enrollment or within 45 days of  
non payment of your dependent care expense.

Submit all appeal to:

**VERIZON NY/NE Regional Work and Family Committee**  
**c/o Beverly Steele, Fund Administrator**  
**120 Hicksville Road, Room 200-A, Massapequa N.Y. 11758**  
**beverly.steele@verizon.com (516) 797-3872**