

## Emergency Back up Care Services Program

Program Background: Washington & Lee is happy to reimburse its employees for 60% of the costs incurred for backup child or senior/elder care expenses (up to a maximum of \$200 per employee per year.) We are pleased to offer this benefit in partnership with Care.com, Inc. which will be processing all reimbursements on behalf of the University. Please fill out this form and fax to 248-237-6343 or email to reimbursement@care.com. Your claim must be made within 60 days of the date the care was received. All sections must be completed.

<b>Employee Information</b>	First Name:	Last Name:	W&L Employee ID:
	Mailing Address:		Work Phone number:
	City State and Zip:		Home Phone number:
	E-mail Address		Your Hire Date:
	Your W&L Department:		Pay Frequency: Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/>

<b>If the recipient has another parent employed by W&amp;L, please provide his/her contact information</b>	First Name:	Last Name:	W&L Employee ID if applicable:
	Mailing Address:		Work Phone number:
	City State and Zip:		E-mail address:
	Name & Address of Employer:		

<b>Participant to be Enrolled</b>	<b>First Name</b>	<b>Last Name</b>	<b>Current Age</b>	<b>Birth Date:</b>	<b>Relationship to Employee</b>

<b>Why did you need to use this service?</b>
Explain the reason you needed the emergency back up care service in detail.

### Detail the service received

Date(s) care was provided	Name of Recipient	Recipient Age	Number of days	Hours of Care	Your Cost For Care

<b>Service Provider Information</b>	
Name:	Phone number:
Mailing Address:	Relationship of the Care Provider to the Employee, if any:
City State & Zip:	

1. I hereby request to participate in the Washington & Lee University Backup Child care and Senior care Program and request reimbursement for the above shown expenses. I hired the above named provider to provide backup care services and acknowledge that I am solely responsible to pay the provider for any and all fees associated with the childcare or senior care arrangements I have made with this or any other childcare or senior care provider.

2. I certify that the information reported in this document is true and accurate to the best of my knowledge.

3. I understand that if any child or senior/elder of mine has another parent who is also a Washington & Lee University employee, only one W&L employee can receive benefits from this program for that child.

4. I understand that my failure to abide by any of the rules and regulations may result in the denial of the privilege to receive reimbursement under this program.

5. I understand that the Washington & Lee University Backup care program is designed to assist my family in obtaining "emergency" child care or senior/elder care when my regular child care or senior care arrangement is not available so that I can come to work. I understand that this program does not provide regular child or senior care benefits.

6. I have read the terms of the program and agree to be bound by those terms as shown on the Washington & Lee University employee benefits website.

7. I understand that it is my responsibility to locate and screen my own Backup care providers and that the choices I make are my responsibility. I understand and agree that neither Washington & Lee University nor Care.com has any liability or responsibility for my choice in my provider.

8. Finally, I acknowledge that any reimbursement I receive from this program will be taxable and that Washington & Lee University will deduct the appropriate taxes for that benefit out of my regular paychecks.

Must Be Signed By The Washington & Lee University Employee	Employee ID	Date Signed
X		

**About the Washington & Lee University Backup Care Program**

W&L's Backup care program provides financial assistance to W&L families needing to obtain "emergency" child or senior/elder care when their regular provider is not available. Regular child or senior/elder care arrangements, such as your regular babysitter, day care center, companion care or summer day camps are not eligible. For more information about the program and the requirements and limitations for benefits, please visit [www.wlu.edu](http://www.wlu.edu).

**Your Backup Child or Senior/Elder care reimbursement is a taxable employee benefit paid to you in your paycheck(s).**

The IRS regulations require that Washington & Lee University withhold certain payroll taxes from your reimbursement.

**Your reimbursement will be paid in your paycheck within 4-8 weeks after we receive your claim**

If your claim is received by the 25th of the month, your reimbursement will be paid in 4-6 weeks. If your claim is received after the 25th of the month, your claim will be paid in 6-8 weeks.

Your reimbursement will be paid in your paycheck. If you do not find the reimbursement on your pay stub by the last payroll of the month following the month that you filed your claim, please send an e-mail to [reimbursement@care.com](mailto:reimbursement@care.com)

**Important: Your claim must be made within **\*\*60 days\*\*** of the date you received the service(s).**

**To receive reimbursement of your Backup Care expenses, please e-mail this form along with copies of your child or senior/elder care bills/receipts to [reimbursement@care.com](mailto:reimbursement@care.com) . You may also fax the form to 248-237-6343.**