

For HR Benefit Use Only:
Reimbursement Start date _____
Email Confirmation sent _____

NEW HANOVER REGIONAL MEDICAL CENTER
 Children's Learning Center Day Care Reimbursement Agreement
 All fields required. Any missing fields will result in an application delay.
 Fax completed application to: HR Benefits 815-5969

Employee Name: _____ Employee ID #: _____
 (not your badge #)

Department Name: _____ Date of Hire: _____

FTE Status: _____ Are you contributing to a DCSA? yes No If "yes" how much? _____

Child's (1) Name: _____ Child's CLC Start Date: _____

Child's (2) Name: _____ Child's CLC Start Date: _____

Please read the following plan provisions carefully:

NHRMC is offering a reimbursement to full and part-time (benefit eligible) employees. The NHRMC paid reimbursement will reduce the cost of childcare at CLC.

Definitions:

Benefit eligible employees shall be defined as those who are assigned .4 FTE or greater hours on a regular basis.

Dependent is defined as a child for whom you are legally and financially responsible. (Proof of guardianship may be required.)

NHRMC Employees' for purposes of this plan shall be limited to those who are on NHRMC's benefit plans to include NHRMC and NHRMC Physician Group employees. Pender Memorial employees are not eligible for this reimbursement.

Effective Dates

NHRMC may suspend, extend or revise the reimbursement at any time.

Reimbursement Rate

NHRMC shall provide a reimbursement to qualified, approved participants as follows:

Active, benefit eligible employees .4 FTE or greater shall receive a reimbursement in their first pay check of the month for the previous month's enrollment and paid tuition equal to the following:

.8 – 1.0 FTE	\$200.00
.7 FTE	\$155.00
.6 FTE	\$140.00
.5 FTE	\$125.00
.4 FTE	\$110.00

Double Employment

When both parents are employed at NHRMC, the combined reimbursement shall not exceed the maximum of \$200.00/child.

Multiple Children

Employees with more than one (1) child attending the Children's Learning Center are eligible to receive one (1) additional reimbursement equal to above amount per child based on FTE status. The maximum reimbursement is \$400.00

Participation

Eligible employees may begin participating in the program effective the first of the month following their CLC enrollment date and NHRMC agreement approval (whichever is later.) Newly hired employees may begin the program the first of the month after hire date. To receive reimbursement in the first paycheck of the following month, the child must be enrolled and attending CLC starting the first business day of the month, through the 26th of the same month. **The CLC monthly tuition must be paid by the 25th of each month** or you forfeit that month's reimbursement.

Change in Status/Termination

Employees are obligated to inform NHRMC Human Resources of any change that would impact this benefit (i.e. termination of employment, changes in FTE, changes in benefit status, termination of participation at the CLC, etc.) Should status change or employment terminate for any reason, the reimbursement will be changed or discontinued as of the status or termination date and reimbursement will be forfeited.

Additionally, should the reimbursement be issued to the employee in error, the individual will be responsible for repayment as indicated in the agreement acknowledgment.

Leave of Absence

The reimbursement will continue if a participating employee qualifies for an approved benefit eligible Leave of Absence, FMLA or Military Leave. However, the allowance will not be issued in conjunction with other non benefit eligible leaves including Personal, Educational or Medical leave of absence.

Verification

On or before the last day of the month, The Children's Learning Center shall provide NHRMC with a listing of the children (and their parents) who are actively attended the CLC during that particular month, so reimbursement may be issued appropriately.

Tax Consequences

We strongly encourage our employees to seek tax advise from a certified tax or financial advisor for tax liability/advise/obligations associated with this reimbursement. The reimbursement shall be reported in Box 10 of the W-2 marked Dependent Care Benefits. If your combined FSA election amount and the reimbursement exceed \$5,000, the excess will be reported as taxable earnings.

Space Limitations

Reimbursements will only be approved and issued to employees who meet the criteria listed above and are limited by the capacity of the CLC (134.) Vacancies are filled and subsequent reimbursements offered on a first come, first served basis. This may not be transferred to any other daycare provider.

Enrollment

To receive consideration, employees must first complete the agreement and return it to Human Resources - Benefits for processing/approval.

Agreement Acknowledgement

I understand and acknowledge that my decision to enroll my child(ren) in the CLC is solely mine, and that CLC is an independent contractor that is not owned, controlled, or operated by NHRMC. I hereby release NHRMC from liability arising from the care rendered by the Children's Learning Center.

My signature below indicates that I have read and understand the entire agreement and my responsibility in regards to the Day Care Reimbursement Program. Further, I have completed this form with the correct information. I agree by signing this understanding that any payments made by NHRMC on my behalf to which I was not entitled must be repaid in full by payroll deduction from my final or PDO check.

 Signature

 Date