

Court Officers Benevolent Association Of Nassau County
Dependent Day Care

Fiscal year April 1, 2008 through March 31, 2009

Name: _____
Last First Middle Initial

Address: _____

Work Location: _____

Court/Agency: _____ Work Phone #: _____

Agency Code: 05517 Line #: _____

Name(s) & Age(s) of Qualifying Dependent(s) – (*See Below*)

Date(s) Expense Was Incurred: _____

Amount of Claim: _____

Provider Information – Qualifying Expenses Verification:

Provider Name: _____

Provider Address: _____

Provider Phone Number: _____ Provider SS# / Tax ID #: ____ - ____ - ____

I certify that the above expenses were incurred between April 1, 2008 and March 31, 2009 to provide care for my eligible dependent(s) during the time I was actively employed in the Nassau County Negotiating Unit COBANC

Member Signature _____ Date _____

Information and Instructions

- 1) Qualifying Dependents: A qualifying dependent is a dependent for who you incur ongoing daycare expenses, a disabled child of any age for whom you incur daycare expenses, which enables you to be employed. Applicants must be a COBANC member at time of the expense, submission, review of application, and disbursement of funds
- 2) Expense Verification: Please include expense verification: Copies of receipts, invoices, billing statements from the provider, or *notarized* statements of expense, **MUST** include the Tax ID number or SS # of the provider, to support the expenses, before reimbursement can be processed. Applications **cannot be processed without this information.**
- 3) Application Submission: You must submit your application together with the necessary documentation to: C.O.B.A.N.C., 2545 Hempstead Tpke, Ste#105 East Meadow, NY 11554
Applications must be received by September 30, 2009

Note: The total amount of funds available will be apportioned among the **approved** applications

Pursuant to Article 27 of your contract, Dependent Daycare Reimbursement Claim forms are now being accepted.....

REMINDER(S):

A qualifying dependent is someone for whom you incur day care expenses *so that you can work*

- Applicants must be a COBANC member at time of the expense, submission, review of application, and disbursement of funds
- Expense verification must be from the provider, *and* include the tax ID of the provider.
- Members' cancelled checks are not proof.
- This reimbursement is for the 2008 fiscal year of the present contract; **THEREFORE**, proof of expenses should cover the time period of *this* claim, **APRIL 1, 2008 THROUGH MARCH 31, 2009 (only)**
- The time to submit your claim/application has been extended until September 30.
- Please use this additional time to adhere to the instructions at the bottom of the application, and in this memo.
- Remember please, the union uses this as an opportunity to verify your information here on file in the union office, so it is important you file a completed application with your claim.

Frequently asked questions (and answers)

- | | |
|--|---|
| Where do I get my line # ? | (from the outside of your paycheck or stub) |
| Is my cancelled check, proof enough? | (No not at all; Verification must be from provider) |
| What is the age limit for the dependent? | (you can put in for any child for whom you receive a "childcare tax credit" on your income tax) |

- Any questions, please see your delegate or contact the undersigned

Cynthia L. Bohanan,
2nd Vice- president
Committee Chair

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