

Since 1910



Local 1000 AFSCME, AFL-CIO

143 Washington Ave., Albany, NY 12210

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New York's LEADING Union

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April 2009

Dear CSEA/UCS Bargaining Unit Member:

As part of the 2007-2011 negotiated agreement, funds have been again provided, on an annual basis, to assist qualified members in defraying the cost of child/elder care. Expenses incurred may be for dependent children under the age of 15, disabled dependent children or dependent adults for whom you incur ongoing day care expenses (see enclosed form). The amount provided is \$180,976 for fiscal year 2008-2009. This amount will be divided evenly among qualified applicants from the CSEA bargaining unit. This funding is for the April 1, 2008 thru March 31, 2009 period only.

If you feel you qualify for a day care stipend, please complete the enclosed application and return it to Bob Dillon at the Civil Service Employees Association, Inc., 143 Washington Avenue, Albany, NY 12210 on or before June 30, 2009. Be sure to attach to your application the necessary documents requested for verification. Dated receipts must be for the above-mentioned funding period.

Your application must be received or postmarked by June 30, 2009 and will not be processed without the required documentation.

Disbursement of checks will tentatively be issued between 10 to 12 weeks after the postmarked deadline.

If you have any questions about this program, please call Bob Dillon at (800) 342-4146, extension 1284.

In solidarity,

DANNY DONOHUE

DD/shm

C: M. Sullivan

D. Berkley

J. McMullen

LRS w/UCS Assignment

**NYS UNIFIED COURT SYSTEM - CIVIL SERVICE EMPLOYEES ASSOCIATION
DAY CARE REIMBURSEMENT ENROLLMENT FORM
April 1, 2008 thru March 31, 2009**

Name: _____
Last First Middle Initial

Address: _____
City State Zip Code

Work Phone No. () Social Security No. _____

***NAME(s), RELATIONSHIP and DATE OF BIRTH of Qualifying Dependent(s) – ALL INFORMATION REQUIRED**

***Provider Information: Name:** _____

Provider Address: _____
City State Zip Code

Provider Phone No: () _____

***PROVIDER SOCIAL SECURITY NO. OR FEDERAL TAX I.D. NO.** _____

I (Provider) have received payment(s) for care provided for the above named dependent(s). **TOTAL AMOUNT: \$** _____

*** SIGN HERE:** _____
Signature Date

INFORMATION and INSTRUCTIONS

Qualifying Dependents: A qualifying dependent is a dependent child under the age of 15 years for whom you incurred **ongoing day care expenses**, or a disabled child of any age for whom you incurred day care expenses. Also qualifying for payment would be a parent, parent-in-law or grandparent for whom you incurred **ongoing day care expenses**.

Expense Verification: This enrollment reimbursement form **must** be signed by you and your day care provider with **total amount of expense**. Also, you **must provide & attach some form of dated expense verification** such as copies of receipts, cancelled checks, invoices, provider billing statements, etc. to support the expense before reimbursement can be processed. (Requests **WILL NOT BE** processed without this information).

Application Submission: You must submit your application together with the necessary documentation to: The Civil Service Employees Association, Inc., 143 Washington Avenue, Albany, NY 12210 Attn: Robert Dillon. Applications must be received or postmarked by **JUNE 30, 2009**.

I attest that the above expenses have not be submitted for reimbursement under any other program e.g. Dependent Care Advantage Account, etc.

*** SIGN HERE:** _____
Employee Signature Date

Local # _____ Member _____ Agency Shop _____ Letter _____ Approved _____ Denied _____ [Administrative Purposes Only]

