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NY/NE Regional & Local Work & Family Committee Summer Camp Program 2024

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### One Step Summer Enrollment

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June 16 - August 31, 2024

### Eligible Employees

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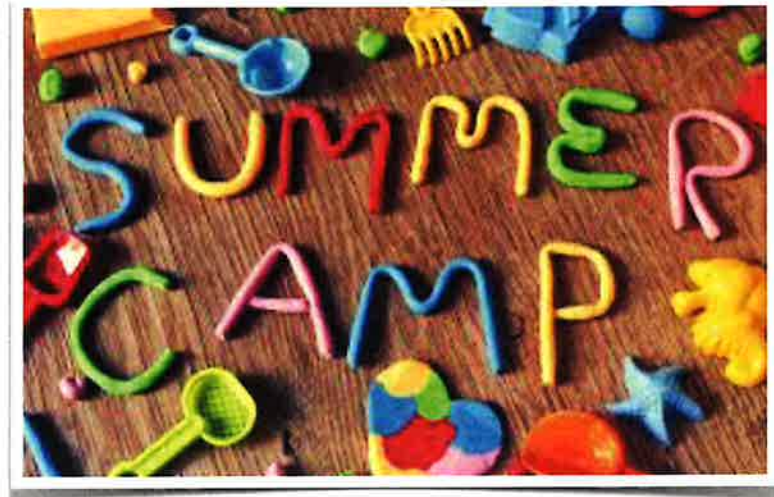
- CWA NY/NE
- IBEW 2213
- NY Management

### Want an Application?

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Go to: [www.regionalwfrc.com](http://www.regionalwfrc.com)

- Click on 2024 Summer Camp Application
- Complete Application & Reimbursement forms
- Attach supporting documents
- Mail completed application & all required documents to:
- Verizon Inc. c/o Beverly Steele - 120 Hicksville Road, Suite 200-A, Massapequa, NY 11758
- Applications must be **postmarked no later than Friday, September 13, 2024** - No exceptions!
- **Payout 12/20/24**



### What is the Summer Camp Program?

The 2024 Summer Camp includes summer day programs as well as overnight camp programs and is made available through the Local and NY/NE Regional Work & Family Committees.

**The fund will reimburse maximum of \$2,000 per family for summer camp expenses.**

Employees who participate in the Dependent Care Reimbursement Fund (DCRF) during the school year can either continue to receive childcare reimbursements for their regular Dependent Care Expenses **or** if they wish they may enroll their child in a summer camp program.

**Employees are prohibited from participating in both programs concurrently.**

### What you need to know:

- No annual income cap.
- Eligible age group 3 years but not yet 19 years of age.
- Dependents over the age of 19 with special needs or those who have been physically or medically diagnosed unable to care for themselves; who will be attending Summer Camp Programs in 2024 are eligible for enrollment.
- Reimbursement up \$2,000 total per family.
- If married, employee and spouse must be employed at the time the children are enrolled in camp.
- All payments must be made by a Verizon employee.

### 2024 Tax Requirements and Implications:

- Dependents must be listed on employee's 2023 IRS 1040 Form in order to be eligible for enrollment.
- W-2 for employee and spouse (if married)
- Self-employed spouse must submit proof of employment: (i.e. IRS Tax Form Schedule C.)
- Submit page one & two of only 2023 IRS 1040 Form - Be sure to remove all social security number(s). Do not remove income figures
- Employees who are married, but filing separately, must submit their spouse's 2023 IRS 1040 Form.
- Employee's dependent children 3 years of age but not yet 13, will not be taxed.
- Employee's dependent children 13 years of age but not yet 19, will be taxed.

- Sleep away Camp is taxable regardless of age.
- Employees must be in need of dependent care in order to work. Under federal law, employees and their spouse must be working during the hours their dependents are in care in order to make this a "tax-free" benefit. See IRS publication 503 for detailed information.
- Check with your tax preparer for your tax obligations.

### How do I know if my paperwork was received?

- You will receive confirmation of acceptance or denial at the email address you have provided.

### When will employees be reimbursed?

- Reimbursement of expenses are paid after the employee has incurred and paid their dependents summer camp expense.
- Reimbursement will show in associates and management paychecks December 20, 2024.

If your reimbursement is denied, you must appeal denial in writing within 45 days of notification of denial.

Make a Copy



Please keep a photo copy of all information submitted until payout is complete!



2024 Summer Camp / Summer Program Enrollment Application

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

Complete ALL information. Please print clearly or type. (Please do not use RED ink)

Employee Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

I am (check one)  CWA Local Number \_\_\_\_\_  IBEW 2213  Management

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Address \_\_\_\_\_ NCSD \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Marital Status (circle one) **Single** **Married** **Divorced**

Do you participate in the Dependent Care Reimbursement Fund (DCRF)? (circle one) Yes No

If YES, please provide name of your dependent. \_\_\_\_\_

How many children are you requesting summer camp reimbursement for \_\_\_\_ ? (\*note: a request for reimbursement form should be filled out for each child.)

Work & Family

~ You CANNOT participate in both DCRF and Summer Camp at the same time! ~

Employee Authorization:

I, (Print Name) \_\_\_\_\_ have read the 2024 Summer Camp Program rules and agree to abide by them. By signing and submitting this application, I certify the information I have provided is true and accurate. I understand that supplying false information may jeopardize my participation in the Summer Camp Program.

Employee Signature (original) \_\_\_\_\_ Date: \_\_\_\_\_

**Applications must be postmarked no later than Friday, September 13, 2024 - No exceptions!**

Mail your application to:

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

updated 4/3/24

# 2024 Request for Summer Camp / Summer Program Reimbursement

## COMPLETE ONE REIMBURSEMENT FORM PER CHILD PER CAMP

Employee Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

Name of Dependent \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Type of Summer Camp (Circle one)                      Summer Day                      Summer Over Night Camp

Camp Name \_\_\_\_\_ Camp Tax ID # \_\_\_\_\_

Camp Address \_\_\_\_\_

Camp Phone Number \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Amount Paid for Camp: (not to exceed \$2,000 per family) \$ \_\_\_\_\_

Camp Director Authorization: Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Camp Director Signature \_\_\_\_\_

(must be original signature - stamped or faxed signatures will not be accepted)

**Note: If your child attended more than one camp, please submit "Request for Reimbursement" for each camp.**

**To ensure prompt payment the following must be submitted with this form:**

- 2023 - W2 (self and spouse)
- 2023 - IRS 1040 Form (self and spouse)
- Completed application
- Completed reimbursement form
- Proof of Payment in Verizon Employee name

**Noted below are the only acceptable proof of payment:**

- ACH payment receipt
- Cancelled Check (front and back)
- Cancelled Money Order receipt
- Credit Card receipt
- Venmo / Zelle

If paying in cash you MUST provide original receipt from the camp, website information, camp flyer as well as a phone number for committee to call for verification

**Application, Tax documents, Request for Reimbursement and Proof of Payment must ALL be submitted AT THE SAME TIME and must be Postmarked no later than Friday, September 13, 2024.**

Incomplete information will not be processed.

If you have any questions, please contact your Local Work and Family Committee Member  
a list is provided for you @ [www.regionalwfr.com](http://www.regionalwfr.com)

updated 4/3/24