

Dependent Care FSA University Match Application

Faculty and staff who participate in the Dependent Care Flexible Spending Account and have a family adjusted gross income up to \$130,000 can apply for reimbursement by completing this Dependent Care University Match application and submitting their Form 1040 from the previous tax year. Form 1040 **must outline the dependents you claim** and clearly state your family adjusted gross income (Line 8b). You may redact information such as SSN, DOB, etc. for purposes of submitting your taxes. An example of a form 1040 is provided here with the sections we review highlighted in yellow. Other versions of Form 1040, such as Form 1040A, are also accepted and will be formatted differently than the example here, but the same information must still be listed.

The reimbursement amount for which you are eligible is based on your family adjusted gross income:

Household Earnings	Northwestern Election Match (%)	Maximum Contribution
Up to \$60,000	80%	\$4,000 per year
\$60,001-\$75,000	60%	\$3,000 per year
\$75,001-\$100,000	40%	\$2,000 per year
\$100,001-\$130,000	20%	\$1,000 per year

Notes:

- Northwestern maximum reimbursement is based off an annual election of \$5,000
- University contributions are added to a participant's taxable wages

Matching funds are added to each eligible pay check on a monthly or semi-monthly basis. Employees will see their full Dependent Care FSA deduction on a pre-tax basis plus an earnings for the match. For example, a monthly employee with household earnings less than \$60,000 who has an annual election of \$5,000 will see the following on their paycheck:

- Monthly FSA Deduction: \$416.67
- Monthly University Match: \$333.34

The total contribution to the Dependent Care FSA by both the University and employee will never exceed the IRS limit or the employee's annual election, whichever is less.

Completing the Match Application

1. Access the [online application](#)
2. Login with your myHR username and password. MFA might be required
3. Your employee ID, net ID, name, and email address will automatically populate
4. Select your filing status from your previous years taxes
5. Enter your household adjusted gross income from your previous years taxes
6. If married, enter your spouse's employer or school (Note your spouse must work and/or go to school on a full-time basis to be eligible)
7. Enter the total Dependent Care FSA benefit you elected
8. Enter the tax year for the adjusted gross income you input in step 5
9. Add your eligible dependents
 - a. If you have more than one dependent select Add. Don't select add if you don't have more than one dependent
10. An estimate of the match you will receive will calculate (note this is only an estimate)
11. Upload a PDF of your taxes from the previous tax year (Note you may redact information such as SSN's, DOB's, etc.)
12. Read the information in the signature section and check the button
13. Click submit to finalize application

ONLY select Add if you have more than one dependent

If your application does not submit, look for the error in **RED**.

FSA Dependent Care University Reimbursement Application

Northwestern Flexible Spending Account (FSA) Dependent Care University Reimbursement Application

Please submit this form and all attachments electronically by clicking "submit".

Please complete this form and return it to the Benefits Division attaching the page from your most recently filed IRS tax return showing your tax filing status and family Adjusted Gross Income.

Note: The terms of FSA account participation may be changed by only on the basis of a qualifying life change in family or employment status. Support documentation must be attached and be received by the Benefits Division within 31 days from the date of the event. Any monies remaining in the account as of March 31st of the following year are forfeited. Participants must re-enroll during Open Enrollment to continue participation in subsequent years. All eligible expenses for reimbursement from an FSA account must be incurred during the calendar year of participation.

Personal Information

EmplID 1234567	NetID abc1234	Name Wildcare,Willy	Email Address w-wildcat@northwestern.edu
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Tax Filing Status

Tax Filing Status is Required *

Single

Married Filing Jointly

Married Filing Separately

Head of Household

Qualified Widow(er) with Dependent Child

*Spouse must be a Full Time employee or student

Family Adjusted Income <input type="text"/>	Spouse's Employer/Educational Institution <input type="text"/>	Annual FSA Dependent Care Election (up to \$5,000) <input type="text"/>	Calendar Year * <input type="text"/>
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Obtain from box 37 on the 1040 form

Eligible Dependents

Please list eligible dependents below:

Qualifying dependents are:

- A child under age 13, in your custody, whom you claim as a dependent on your tax return
- A spouse who is incapable of self-care; and
- A dependent who lives with you--such as a child over age 13, parent, sibling or in-law-who is incapable of self-care, and whom you claim as a dependent on your tax return.

Dependent Information Add

In this section, you will enter in your dependent information. You must enter in the requested information for at least one dependent. If you have multiple dependents, please click the "Add" button. Should you accidentally add an extra line, please click the "Remove" button in the appropriate line before proceeding. Please do not add more lines than you intend to fill, as you will receive an error at submission.

Relationship *	Date of Birth *	Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Remove

Contribution Calculation

An employee whose adjusted income is...	Will receive from the University a percentage of their Dependent Care FSA election as additional earnings	Up to a maximum contribution of...
Up to 60,000	80%	\$4,000 per year
\$60,001 to \$75,000	60%	\$3,000 per year
\$75,001 to \$100,000	40%	\$2,000 per year
\$100,001 to \$130,000	20%	\$1,000 per year

Calculation Example

Below is a tool to assist you in calculating potential additional earnings and monthly deductions.

Your family adjusted income is fixed based on the amount entered above. However, you will be able to adjust your anticipated cost to easily calculate an election that works best for you. *Please note that these are approximate calculations and is not a guarantee of eligibility or additional earnings. The Benefits Division will communicate eligibility and amounts.

Family Adjusted Income <input type="text"/>	Anticipated Cost <input type="text"/>	Additional Monthly Earnings <input type="text"/>
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Supporting Documentation

Please attach the section of your most recent US Tax Form 1040, or the equivalent 1040-A, 1040-EZ, etc., that states your adjusted gross income, your child under age 13 or applicable relative incapable of self-care who you claim as a dependent, and if married, your spouse's income. The application will not be processed without this supporting documentation.

Attachments

HR - FSA Dependent Care Supporting Document *

Attach HR - FSA Dependent Care Supporting Document

Signature

* By checking this box, I attest that I elect to participate in the FSA Dependent Care Plan and qualify for the University reimbursement. I understand that my enrollment election will not be complete until the Benefits Division receives from me, my last filed US Tax Form 1040. For reimbursement to be on the first of the month, the application must be received by the Benefits Division by the 15th of the preceding month. The maximum reimbursement contribution is the maximum monthly amount times the number of remaining months in the calendar year. I confirm that my spouse is either a full-time employee or a full-time student and will notify the Benefits Division in this status changes. I confirm that I must re-elect this benefit annually.

Date

Submit