

# ATU CHILD AND ELDER CARE REIMBURSEMENT PROGRAM

## PROGRAM DESCRIPTION

**Who is eligible:** TriMet Active Employees

**What:** Partial reimbursement for elder and child care provided by an organization or individual who is going to provide such services.

**When:** Reimbursement to occur at six month intervals. December 15<sup>th</sup> for the time period June 1<sup>st</sup> through November 30<sup>th</sup>. June 15<sup>th</sup> for the time period December 1<sup>st</sup> through May 31<sup>st</sup>.

**What Care is Eligible:** The IRS code provides that expenses can be reimbursed for live-in care, baby sitters, day homes and licensed day care centers. The individual or organization providing the care must supply a tax identification or a social security number. You cannot be reimbursed for expenses paid to one of your tax dependents, i.e., your spouse or one of your children under the age of nineteen. The dependent receiving the care must be under thirteen (13) years of age or a disabled individual.

### **Steps To Take To Become Eligible:**

1. Make sure that the individual for whose care you will seek reimbursement qualifies as either:
  - a.. child - under 13 years of age OR
  - b. a disabled or elderly individual
2. Complete the enclosed registration form
3. Send proof of responsibility
  - a.. Birth certificate of child or other paper showing responsibility
  - b. Power of attorney for elderly or proof the individual is disabled
  - c. Other (Call us. We will work with you to determine what type of proof will satisfy the requirement of showing that you are responsible for the qualified individual's care.)

**Steps To Receive Reimbursement:** Twice a year, for the previous six months, participants must provide invoices or receipts (including cancelled checks) that show that the TriMet ATU 757 member paid a qualified individual or organization for child or elder care during the month for which reimbursement is sought. We will send you a reminder notice one month before the reimbursement date.

**For More Information Call:** 503 232-9144

Participant's Number  
Office Use Only

## TriMet Child/Elder Care Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

TriMet Employee Social Security Number: \_\_\_\_\_

TriMet Job Classification: \_\_\_\_\_

Care needed for:      Elder/Disabled       Child

Individual to whom care will be provided:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Disability: \_\_\_\_\_  
(if any)

Individual or organization you anticipate using for elder/disabled or child care:

Name: \_\_\_\_\_

Tax ID or Social Security Number: \_\_\_\_\_