

**VT/VSEA
Elder Care Cost Reimbursement Application**

Name of Applicant: _____

Employee ID#: _____ Department: _____

Email Address: _____ Work Phone: _____

Mailing address: _____

Check One: Full-Time, or Part-Time, work at least 20 hours per week (average)

Amount of reimbursement you are requesting (Minimum \$50/Maximum \$500): \$_____

Information regarding the family member who will benefit from this reimbursement request:

Name: _____

Address: _____

Date of Birth: _____

Your Relationship to this Family Member: _____

Please provide a description of this request.

If this request is for reimbursement of mileage expense, please complete, date and sign the attached VT/VSEA Elder Care Mileage Chart form.

If this request is for reimbursement of payment to an individual person who was paid for services, please complete date and sign the attached VT/VSEA Elder Care Receipt form. This form must also be dated and signed by the person who provided the services.

I hereby authorize the VT/VSEA Child & Elder Care Committee to use and disclose any protected health information described on this application form to the Committee Administrator. I understand that I have the right to revoke this authorization, in writing, at any time.

I certify that the above information and the information attached are accurate.

Employee Signature: _____ Date: _____

Return this application with a copy of documentation of expenses incurred, such as receipts or cancelled checks.

Mail this application (and any required documentation above), via the US Postal Service to:

VT/VSEA Child & Elder Care Committee
PO Box 105
Huntington, VT 05462

Note: Must be postmarked by December 31, 2018 and mailed to us via the US Postal Service as noted above. Any other type of submission will not be accepted.

VT/VSEA Elder Care Mileage Chart

Complete this form and submit with the reimbursement application.

Please provide details regarding mileage for transporting elder relative to and from medical appointments.

Minimum of 100 miles, per roundtrip, must be driven before you can apply for reimbursement. Please print and use additional pages if the total number of trips will not fit on one page.

Date	From	To	Purpose	Mileage

I certify that the above information is accurate.

Employee Signature: _____ Date: _____

Employee Name (please print): _____

VT/VSEA Elder Care Services Receipt

Complete this form and submit with the reimbursement application.

Date	Work Performed/Service Provided	Provider Name	Amount

I certify that the above information is accurate.

Provider Signature: _____ Date: _____

Provider Name (please print): _____

Employee Signature: _____ Date: _____

Employee Name (please print): _____

ELDER CARE COST REIMBURSEMENT GUIDELINES

What is This Program?

The program offers financial assistance to Vermont State employees for their elder care expenses. The funds are made available through the labor/management agreement between the State and the Vermont State Employees' Association (VSEA). This initiative is the result of employee surveys and feedback on elder care and elder care assistance.

What Kind of Elder Care is Eligible for Reimbursement?

Reimbursement will be available for State employees who spent at least \$50 for elder care for immediate family members who were aged 62 or older. Immediate family members are: spouse, civil union partner, parents, grandparents, siblings and in-laws.

Items eligible for reimbursement consideration include, but are not limited to, things such as: LifeAlert, respite care, home modifications (ramp installation, safety bars, door widening, etc.), rental or purchase of medical equipment, contracted housekeeping services and transportation to medical appointment or needed medical services (must be at least 100 miles roundtrip to qualify). Other items may be considered by the committee. However, some of the known items that are not eligible are: nursing home care, medical/dental bills, eye glasses, hearing aids, medications and hospital bills.

Who is Eligible?

A State employee who:

- Is employed and has completed their probationary period at the time of the application
- Is Full-Time, or if Part-Time, works an average of at least 20 hours per week

Note: Above categories include Limited Service Employees, but do not include Temporary Employees or Contract Workers.

How Does the Program Work?

Interested and eligible employees must first apply. The VT/VSEA Child & Elder Care Committee meets monthly to consider the applications submitted. If eligible for a reimbursement, the funds will be included in your paycheck and taxes will be withheld at your payroll tax level, in accordance with Payroll guidelines. Depending on the timing of the pay cycle and the Committee meeting date, it could take a couple of pay cycles before reimbursement is received.

Where is the Application?

The application form is in the Forms & Documents section of the SOV Website. An icon is provided at the bottom of these Guidelines. You could also call the Administrator at (800) 287-8322 to request an application.

When Should I Apply?

Applications can be mailed in at any time during the calendar year for which a reimbursement is being requested. More than one Application can be submitted per year, however, the total annual cumulative reimbursements awarded per employee household are limited to \$500, before taxes. The deadline to accept Applications is **December 31st** of that year.

When Can I Expect a Response?

All applicants will receive a response acknowledging receipt of their application. However, this is not an indication of an accepted application. Any questions regarding the application will be sent to the applicant via email or the US Postal Service.

How Much Can I Expect to Get Back?

Reimbursements are made on a first come, first served basis. The number of applicants impacts the reimbursement amount. The maximum reimbursement per household, per year, is \$500, before taxes.

What is the Mailing Address?

The application, and required documentation, must be mailed via the US Postal Service, postmarked by December 31, 2018 to the address below. Any other type of submission will not be accepted.

**VT/VSEA Child & Elder Care Committee
PO Box 105
Huntington, VT 05462**

Members of the VT/VSEA Child & Elder Care Committee:

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