

**Administrative Office of Pennsylvania Courts**



**DEPENDENT CARE ACCOUNT**

**DEDUCTION CHANGE FORM**

*Please print or type. See instructions on page 2.*

Employee Name  _____	<u>XXX</u> - <u>XX</u> - _____ Last 4 digits of social security #
Last name, first name & middle initial	

<b>New deduction amount per pay period</b> \$ _____.	<b>Total amount to be deducted for 2020</b> \$ _____.
Effective Date: _____	

Name(s) of Dependent:			<u>Date of Change</u>		
			Mo	Day	Year
<i>Qualified Change of Status Event – please mark applicable event(s)</i>					
<input type="checkbox"/>	01	Birth or adoption of a child			
<input type="checkbox"/>	02	Placement for adoption			
<input type="checkbox"/>	03	Gain custody of dependent			
<input type="checkbox"/>	04	Lose custody of dependent			
<input type="checkbox"/>	05	Child became 13 years of age			
<input type="checkbox"/>	06	Death of dependent			
<input type="checkbox"/>	07	Marriage			
<input type="checkbox"/>	08	Annulment			
<input type="checkbox"/>	09	Legal Separation			
<input type="checkbox"/>	10	Divorce			
<input type="checkbox"/>	11	Death of spouse			
<input type="checkbox"/>	12	Change in residence of self, spouse or dependent that affects eligibility for coverage			
<input type="checkbox"/>	13	Change in employment status of self, spouse or dependent including the start or end of employment and the beginning or end of leave without pay			
<input type="checkbox"/>	14	Change in provider			
<input type="checkbox"/>	15	Significant increase or decrease in cost of dependent care if the provider is not a relative			
<input type="checkbox"/>	16	Increase or decrease in hours of dependent care			
<input type="checkbox"/>	17	Dependent receiving care is no longer eligible			

Employee Signature	Date
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Please return completed form to:  
 Payroll Unit  
 The Administrative Office of Pennsylvania Courts  
 P.O. Box 61260  
 Harrisburg, Pennsylvania 17106-1260  
 FAX: 717-231-3299  
 EMAIL: Payroll@pacourts.us

**DEPENDENT CARE ACCOUNT**  
**DEDUCTION CHANGE FORM INSTRUCTIONS**

Because you are responsible for understanding and complying with the IRS regulations and maintaining documentation for the information submitted on this deduction change form, you should carefully read the requirements concerning eligible dependents and expenses outlined in the Employee Information Brochure. If you are audited by the IRS, you may have to provide substantiation to them regarding your expenses and/or eligibility.

Please note that this form must be received by the AOPC Payroll Department **within 60 calendar days of the qualified change of status event**. The IRS has specified that only the events listed on side 1 qualify to allow an increase, decrease or termination of the deduction amount specified on your enrollment form. The deduction will be modified or terminated with the first regular payroll processed by the AOPC following the receipt of the deduction change form.

To terminate your deduction, enter -0- in the New Deduction Amount field.

If modifying your deduction, the new amount cannot be less than \$25 per biweekly pay period or \$50 per monthly pay period. Carefully estimate your qualified expenses for the balance of the year. IRS regulations require that any money remaining in your account after all qualified reimbursements for the calendar year have been paid cannot be returned to you or carried forward to the next year but **must be forfeited**. You have until March 1 to submit a claim for eligible expenses for the prior year.

If you have any questions regarding the Dependent Care Account Program, please feel free to call the AOPC Payroll Unit at 717-231-3325.