Benzie County Central Schools Dependent Care Reimbursement Account

(DCRA)

Last Name	First Name	
	2026	7
Tax Filing Status	Maximum Deposit	
Married Filing Jointly or Single	\$ 7,500.00	=
Married Filing Separately	\$ 3,750.00	<u>) </u>
I hereby elect to participate in the	DCRA. I elect to contribu	ite \$ for the 2026 plan year.
* .	· · · · · · · · · · · · · · · · · · ·	nt I have elected under the Dependent Care Program, nded or terminated for the current plan year.
I understand that my election is for per pay period is my annual elect	• •	inning January 1 and ending December 31. My deduction of pay period in the Plan Year.
I understand that the maxiumums that my annual election is within r	•	n my tax filing status and it is my responsibility to ensure
experience a Qualified Life Event termination or commencement of	(e.g. marriage, divorce, be employment by my spous	elections before January 1 of the next plan year, unless I birth or adoption of a child, death of a spouse or child, se or other such events allowed under the Internal consistent with the Qualifying Life Event.
I understand that any unspent fur	nds in my DCRA at the end	d of the Plan Year (December 31) will be forfeited.
I understand that if I wish to conti over from one plan year to the ne		make an election each year. My election will not carry
Deduction will be divided by eithe made into the designated BCCSE		nt on the pay schedule of the enrollee. Deposits will be Care bank account.
Reimbursements will be made by	check on the next check	run after receipt of valid dependent care receipts.
Signature		Date
BCCSD Agent		Date