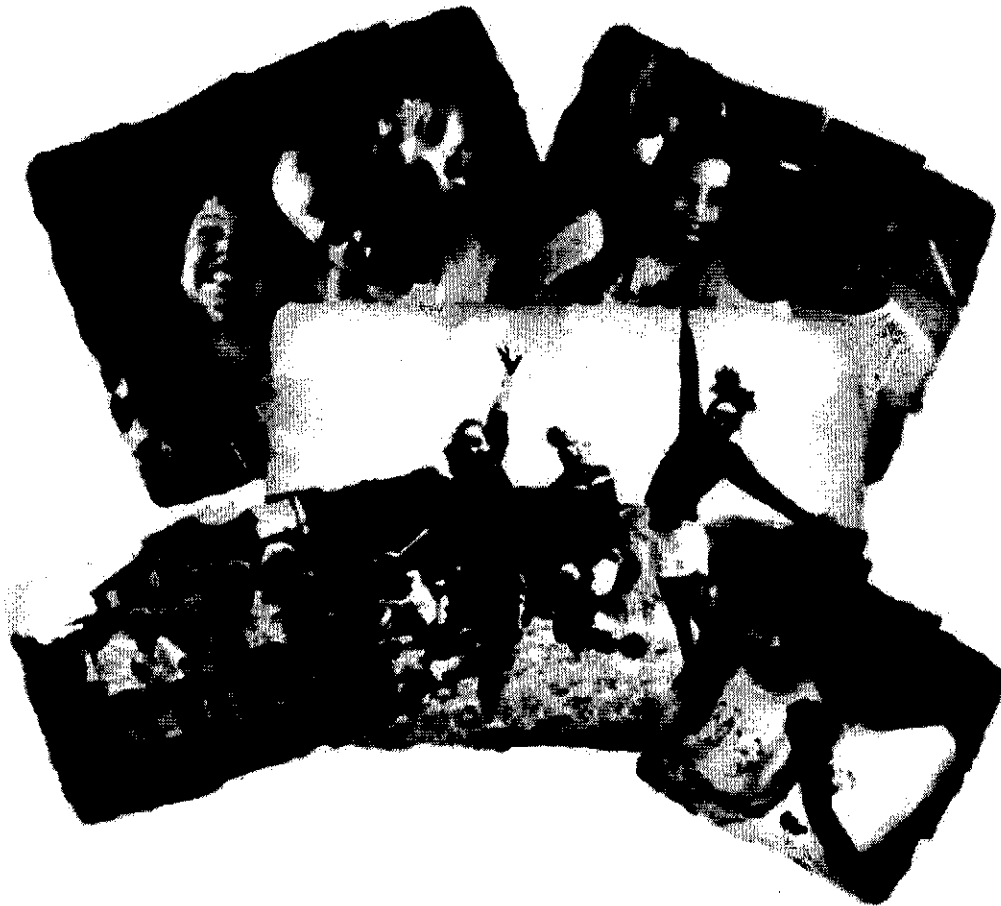
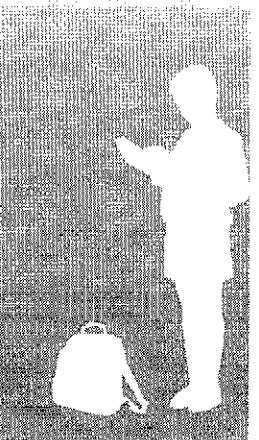
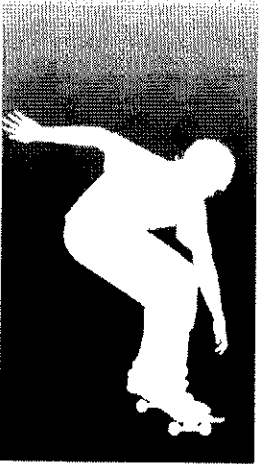


NY/NE Regional & LOCAL Work & Family Committee
Verizon / CWA / IBEW
Presents the 2011 Summer Day Camp / Summer Sleep Away Camp
DCRF Employee Reimbursement Fund



**DEADLINE FOR ENROLLMENT
JUNE 30 2011**



2011 SUMMER CAMP PROGRAM



CWA, IBEW 2213 and Verizon are pleased to announce a Summer Camp Reimbursement Program offered through the Regional Work and Family Committee. Eligible employees who have not participated in the Dependent Care Reimbursement program since August/September 2010 can request reimbursement (up to \$200.00 per session; max \$400.00) for summer camp expenses for dependent children up to age 15.

For more information and an application, please visit our website at: www.regionalwfrc.com

If you have any questions or are unable to access the website, please contact the Work and Family Committee Staff at phone number (516) 797-3872 or call your Local Union office. Correspondence can be sent to Fund Administrator, Beverly Steele; 120 Hicksville Road, Room 200A, Massapequa, NY 11758; Beverly.Steele@verizon.com

CWA

Verizon

IBEW 2213

2011 Summer Day Camp/Summer Sleep Away Camp Application

Complete ALL Information. Incomplete applications will not be processed.

Employee Section

| | | | |
|------------------|--------------------------------------|------------------------------------|--|
| Last Name | First Name | Employee ID# | NCS# |
| Home Address | City | State | Zip |
| Home Tel # () - | | Cell # () - | |
| Work Address | City | State | Zip |
| Work Tel # () - | | | |
| Check One | <input type="checkbox"/> CWA Local # | <input type="checkbox"/> IBEW 2213 | <input type="checkbox"/> Management |
| Check One | <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Divorced <input type="checkbox"/> Separated |
| Home e-mail | Work e-mail | | |

Provider Section

(you must fill out separate applications if your dependent will be attending more than one camp during a session)

Session 1 (runs from June 26 to July 30, 2011) My child will attend from _____ to _____

| | | | |
|---|----------------|-----------------------------------|--|
| Dependent Last Name | First Name | Date of Birth | Age |
| Camp Name | check one | <input type="checkbox"/> Day Camp | <input type="checkbox"/> Sleep Away Camp |
| Camp Address | City | State | Zip |
| Camp Telephone # () - | | | |
| Camp Registration # | Camp License # | | |
| Camp Cost (attach all receipts and/or canceled checks) \$ | | | |
| Camp Authorized Signature | | | |

Session 2 (runs from July 31 to August 27, 2011) My child will attend from _____ to _____

| | | | |
|---------------------------|----------------|-----------------------------------|--|
| Dependent Last Name | First Name | Date of Birth | Age |
| Camp Name | check one | <input type="checkbox"/> Day Camp | <input type="checkbox"/> Sleep Away Camp |
| Camp Address | City | State | Zip |
| Camp Telephone # () - | | | |
| Camp Registration # | Camp License # | | |
| Camp Authorized Signature | | | |

Employee Authorization

I, _____ have read the criteria of 2011 Summer Day Camp/Summer Sleep Away Camp Program and agree to abide by them and my signature signifies I abide by the criteria. I certify that all the information I have provided on this form is accurate.

| | |
|--------------------|------|
| Employee Signature | Date |
|--------------------|------|

Send This Form to: *(you must attach all required W2 and IRS forms - see "Requirements and Criteria" section of the Q and A)*

NY/NE Regional Work and Family, Beverly Steele, Fund Administrator
120 Hicksville Road, Room 200-A
Massapequa N.Y. 11758

Phone: 516-797 3872
Email: Beverly.steele@verizon.com

Summer Day or Sleep Away Camp Program



Verizon / CWA / IBEW 2213 NY/NE Regional Work & Family Committee

| | |
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| To contact your Local Work & Family Committee Member call | 5 |

The following Questions and Answers should help you determine if you are eligible to enroll in the DCRF Summer Day or Sleep Away Camp Program . An application can be printed through this web site. www.regionalwfr.com

**Please note in an effort to distribute reimbursements in an equitable manner employees enrolled in the Dependent Care Reimbursement Fund (DCRF) between September 2010 through June 2011 are NOT ELIGIBLE for enrollment or reimbursement under the 2011 Summer Day or Sleep Away Camp Program*

What is the Summer Day Camp / Summer Sleep Away Camp Program?



Eligible employees can receive assistance with paying a portion of their summer day or sleep away camp expenses for their dependent children between the ages of 5-15 who attend Summer Day Camp or Summer Sleep Away Camp. If you have questions concerning your dependent's eligibility contact your Work Family Coordinator listed on the last page of this document.

How do I know if I am eligible for the 2011 Summer Day or Sleep Away Camp Program?

You must be a:

CWA (NY, New England) employee or a IBEW 2213 employee eligible for benefits under the NY/NE Regional Work & Family Committee.

You must pay a licensed registered summer day or sleep away camp.

You must be in need of dependent care in order to work. Under federal law, you and your spouse must be working during the hours your dependents are in care in order to make this is a "tax-free" benefit. The only exceptions are when your spouse is a full-time student, or is actively seeking work or is medically diagnosed and unable to care for themselves. You must provide documentation to substantiate your claim.

All enrollees will be notified by e-mail or by U.S. Mail, attach a self-addressed, stamped envelope if you wish to receive your notification via U.S. Mail.

Requirements and Criteria

Employees must complete and submit an enrollment application by the deadline date: June 30, 2011. Applications received after the deadline date of June 30, 2011 will be considered untimely and subject to appeal to Regional Work & Family Committee.

Employees must include at the time their application is submitted a copy of their 2010 IRS 1040 form page one. If married and filing separately the employee must include a copy of their spouse's IRS 1040 form page one and 2010 W-2.

Your dependent's 2011 summer day or sleep away camp must be licensed, registered and legally operating. If you do not know whether the Camp is legally operating you can call Anthem 888-441-8674 or access the website at www.anthem.com for help.

Is there an Annual Income Cap?

No annual income cap applies.

Which camps are eligible?

Only legally operating, registered Summer Day Camp or Summer Sleep Away Camp expenses are eligible for reimbursement.

How much will I be reimbursed?

Eligible employees will receive up to \$200.00 reimbursement toward the cost of their summer camp expenses for each session indicated below. Employees may enroll one dependent child per session per family.

Session ONE

June 26, 2011 to July 30, 2011

Session TWO

July 31, 2011 to September 03, 2011

How do I to enroll?

Complete an enrollment application before the deadline date of June 30, 2011. Forward your enrollment application with required IRS 1040 page one and W-2 for 2010. If married, employees must submit a copy of their spouse's W-2 as well as a copy of their spouse's IRS 1040 form.

If your dependent child is not shown on your 2010 IRS 1040 form you must attach a copy of the dependent child's birth certificate to your enrollment application.

Applications received after the deadline date of June 30, 2011 will be considered untimely and subject to appeal to Regional Work & Family Committee.

Return your application and other supporting documents for enrollment to:

NY/NE Regional Work & Family Committee
c/o Beverly Steele, Fund Administrator
120 Hicksville Road, Suite 200-A
Massapequa, New York 11782

How will I know if I am approved?

Be sure to provide a personal or company e-mail address on your enrollment application. Confirmation of acceptance or denial will be *e-mailed to the address you specify. (*See appeal process if your request is denied.*)

*If no e-mail address is available enclose a self stamped, self addressed envelope so confirmation of your acceptance or denial can be forwarded to the address you specified through U.S. Mail.

Will my reimbursement be taxed?

~If your dependent child is 5 years of age but not yet 13 you will not be taxed.

~If your dependent child is 13 years of age but not yet 15 your reimbursement will be taxed.

~Sleep away Camp **is taxable regardless of age.**

Whose care can I be reimbursed for?

In addition dependent's over the age of 15 with special needs or been physically or medically diagnosed unable to care for themselves who will be attending summer day or sleep away camp are eligible.

If your dependent child is not shown on your 2010 IRS 1040 form you must attach a copy of the dependent child's birth certificate to your enrollment application.

If the dependent child is under your custodial care, foster care or is your adopted child, attach legal documentation to your enrollment application.

What must I do to be reimbursed?

You must be enrolled and approved in the 2011 Summer Day Camp/Summer Sleep Away Camp by June 30, 2011. Applications can be obtained by visiting our web-site at www.regionalwfrc.com

Complete a "Request for Reimbursement of Summer Camp Expense" form via U.S. MAIL to the Fund Administrator.

How will I be reimbursed?

One payout of expenses will be made regardless of session is attended. Employees will receive reimbursement directly with their paycheck for week ending September 30, 2011.


Eligible management employees will receive their reimbursement with their monthly check for the previous months expense during the months of August and September.

Appeal Process

Appeals must be submitted in writing to the NY/NE Regional Work & Family Committee include details of your claim. Enclose all necessary documentation. Your appeal must be received within 45 days of your written notification of denial of enrollment or within 45 days of non payment of your Summer Camp expense.

Submit your appeal to NY/NE Regional Work & Family Committee c/o Beverly Steele, Fund Administrator 120 Hicksville Road Suite 200-A Massapequa New York 11758

To contact your Local Work & Family Committee Member call

| | | |
|--|--|--|
| <p>Gladys Finnigan, Chairperson CWA Staff Rep. 80 Pine Street, floor. 37 New York, N.Y. 10005 Phone: 212 344 7332 gfinnigan@cwa-union.org</p> |  | <p>Beverly Steele, Fund Administrator 120 Hicksville Rd. Suite 200-A Massapequa, N.Y. 11758 Phone: 516 797-3872 beverly.steele@verizon.com</p> |
| <p>IBEW 2213 Christine Gioranda Assistant Business Mgr. One Telergy parkway 6333 Rt. 298, Suite 1-C East Syracuse, N.Y. 13057 Phone 315- 438-3322 christine@ibew2213.org</p> | <p>CWA Local 1103 Fran Gottrom 345 Westchester Ave Port Chester, NY 10573 Phone: 914-939-8203 fgottrom@cwa1106.org</p> | <p>CWA Local 1104 Stella Peryera, B.A. One Florgate Rd. Farmingdale, NY 11735 Phone: 516 672-2480 spereyra@1104.org</p> |
| <p>CWA Local 1104 Kim Young, E.V.P. 107 Murray Street Binghamton, NY 13905 Phone: 315-696-8233 kyoung@cwa1104.com</p> | <p>CWA Local 1105 Beatrice Zapata, Secretary 3223 E. Tremont Avenue Bronx, New York 10461 Phone: 718 430 1500 beatrice@cwa1105.org</p> | <p>CWA Local 1106 Anne Holland- McCauley Secretary-Treasurer 221-10 Jamaica Avenue Queens Village N.Y. 11428 Phone: 718 479- 1106 moneyholland@aol.com</p> |
| <p>CWA local 1108 Beth Boland, V.P. 39 Baker Street Patchougue, NY 11772 Phone: 631-654-1108 beth@cwa1108.org</p> | <p>CWA Local 1109 Nina Coban, E. Board Member 1845 Utica Avenue Brooklyn, New York 11234 Phone: 718 444-1109 Ncoban@cwa1109.org</p> | <p>CWA Local 1118 Theresa Devine, B.A. 4 Wembley Court Albany, N.Y. 12205 Phone: 518 862-0651 devine1@nycap.rr.com</p> |

**Verizon CWA IBEW 2213
REQUEST FOR SUMMER CAMP REIMBURSEMENT**

For the Month of _____

| | | | |
|--|------------------------------------|--|--------------------------------------|
| Employee Name: _____ <small>Last Name First Name</small> | | Employee ID # : _____ | |
| | | VZ ID # : _____ | |
| Home Address: _____ | | City : _____ | State : _____ Zip : _____ |
| Home Telephone # : _____ | | Personal Cell # : _____ | |
| Work Address: _____ | | City : _____ | State : _____ Zip : _____ |
| Work Telephone # : _____ | | Work e-mail Address : _____ | |
| Check one of the below boxes to indicate your affiliation with Verizon | | | |
| <input type="checkbox"/> CWA LOCAL # : _____ | <input type="checkbox"/> IBEW 2213 | <input type="checkbox"/> MANAGEMENT | <input type="checkbox"/> OTHER _____ |
| Dependent Name : _____ | | Dependent Date of Birth* : _____ | Age* : _____ |
| EMPLOYEE SECTION | | | |
| * Employees must submit this request for reimbursement of summer camp expenses by September 9, 2011 | | | |
| Session One Camp Expense | | Session Two Camp Expense | |
| Date attended from _____ to _____ cost \$ _____ | | Date attended from _____ to _____ cost \$ _____ | |
| Attach proof of payment to back of form. <input type="checkbox"/> Day Camp <input type="checkbox"/> Sleep Away Camp | | Attach proof of payment to back of form. <input type="checkbox"/> Day Camp <input type="checkbox"/> Sleep Away Camp | |
| I certify the accuracy of the above information. | | | |
| Employee Signature: _____ | | Date: _____ | |
| CAMP PROVIDER COMPLETE AND PLEASE SIGN BELOW | | | |
| Camp Name: _____ | | Camp Phone # : _____ | |
| Camp Address : _____ | | City : _____ | State : _____ Zip : _____ |
| Tax ID # : _____ | Provider's SS # : _____ | Registration # : _____ | |
| <small>I certify that the above amounts of monies were received for services rendered, and I am responsible for reporting these monies to the IRS AS INCOME.</small> | | | |
| Provider's or Authorized Signature : _____ | | Date : _____ | |

See reverse for instructions for completion of this form

How to complete this form

Employees must complete this form in its entirety. One form per provider.
Only original signatures & reimbursement forms will be accepted.
Photocopies or faxed copies will not be accepted unless requested by
Fund Administrator.

Employee and Care Provider must sign and complete the Care Provider
Section of this form. Attach original receipts or copy of cancelled check or
money order when available.

Employee requests for reimbursement must be POSTMARKED no later
than the SECOND FRIDAY OF EACH MONTH.

Return this Monthly Reimbursement Form via Regular U.S. MAIL to:

VERIZON NY/NE Regional Work and Family Committee
c/o Beverly Steele, Fund Administrator
120 Hicksville Road, Room 200-A, Massapequa N.Y. 11758
beverly.steele@verizon.com (516) 797-3872

*Reimbursement for dependent children ceases on the last day of the
month prior to the month in which the child turns 13 years old.

Appeal Process

(Enrollment / Monthly Reimbursement)

Appeals must be submitted in writing to the NY/NE Regional Work and
Family Committee with details of your situation. Enclose all necessary
documentation. Your appeal must be received by the committee within 45
days of your written notification of denial of enrollment or within 45 days of
non payment of your dependent care expense.

Submit all appeal to:

VERIZON NY/NE Regional Work and Family Committee
c/o Beverly Steele, Fund Administrator
120 Hicksville Road, Room 200-A, Massapequa N.Y. 11758
beverly.steele@verizon.com (516) 797-3872