



VICTORIA UNIVERSITY

IN THE UNIVERSITY OF TORONTO

Professionals/Managers and Confidentials (P/M&C) Child Care Benefit Plan – Application for Claim

Please complete a separate form for each eligible child and child care provider and forward to the Human Resources Office (63 Charles St. West). **Applications must be submitted by March 22nd of each year for the prior plan year. No late applications will be accepted.**

Employee name _____

Full name of Child _____

Child's Date of Birth (yyyy/mm/dd) _____

P/M&C staff with eligible dependent children under the age of seven will be eligible for reimbursement of child care costs in accordance with the Victoria University P/M and Confidentials Child Care benefit plan. The plan is subject to Canada Revenue Agency requirements.

Please complete the following with details of child care expenses for each month. Please print this form and have the child care provider sign confirming hours of care and the full/half day rate. Forward the completed and signed form(s) to the Human Resources Office by **no later than March 22nd** each year for the prior plan year. Copies of receipts must be submitted with the application form.

Using the tables on pages 1 and 2 of this form, please provide the following information:

Section A – Full Day Child Care (6 hours or more per day)

- Report the number of full days of care provided each month
- Report the full day rate charged by your child care provider
- Report the total amount paid to your child care provider

Section B - Half Day Child Care (At least 4 hours but less than 6 hours per day)

- Report the number of full days of care provided each month
- Report the full day rate charged by your child care provider
- Report the total amount paid to your child care provider

Note:

We will calculate the eligible amounts for reimbursement based on the full amounts you report on these tables. The maximum reimbursement amount will be pro-rated based on the percentage of FTE for part time staff and staff who have worked less than the full year. We will calculate the reimbursement as 50% of the amounts you reported on these tables, up to:

- \$10 maximum reimbursement per half day
- \$20 maximum reimbursement per full day
- \$2,300 maximum per eligible child per year.

If the total claims submitted from all P/M&C members exceed \$9,200 in a plan year, all reimbursement amounts will be pro-rated so that the total amount reimbursed does not exceed \$9,200.

Section A – Full Day(s) Child Care Expenses (at least 6 hours per day):

| 2019 | Number of Days | Full Day Rate | Total Amount Paid |
|-----------|----------------|---------------|-------------------|
| January | | | |
| February | | | |
| March | | | |
| April | | | |
| May | | | |
| June | | | |
| July | | | |
| August | | | |
| September | | | |
| October | | | |
| November | | | |
| December | | | |

Section B – Half Day(s) Child Care Expenses (at least 4 hours but less than 6 hours per day):

| 2019 | Number of Days | Full Day Rate | Total Amount Paid |
|-----------|----------------|---------------|-------------------|
| January | | | |
| February | | | |
| March | | | |
| April | | | |
| May | | | |
| June | | | |
| July | | | |
| August | | | |
| September | | | |
| October | | | |
| November | | | |
| December | | | |

Name of Child Care Facility/Provider

Telephone Number

Print Name and Title of Child Care Facility's Representative
(i.e., Director, Supervisor, Business Manager, Caregiver)

Signature of Representative

I declare that:

- The above-named provider is not a related person under age 18, nor the child's mother or father, a spouse or common-law partner
- The above-named child is my or my spouse/partner's eligible child under the age of seven
- The above-named child was living with me during the above claim periods
- The above-claimed expenses are eligible under the Canada Revenue Agency guidelines, which I have reviewed (<http://www.cra-arc.gc.ca/tx/tchncl/ncmtx/fls/s1/f3/s1-f3-c1-eng.html>)
- My spouse/partner is also employed by Victoria University and is eligible for the Child Care Benefit Plan

No ☐ Yes ☐ If yes, spouse/partner's name: _____

Employee Signature

Date