**Tuition Assistance Program  
July 11, 2018**

2018 Tuition Assistance Instructions 071118

As part of USAA's ongoing commitment to employees' work-life needs, a USAA Child Development Center (CDC) Tuition Assistance Program is available for qualifying employees. The CDC Tuition Assistance Program focuses on extending broader access to the USAA CDCs. **To qualify, you must be a full-time employee with a total family income less than $50,000 (based on tax returns or offer letter for new employees) whose child(ren) or legal dependent is or will be enrolled in full-time care at any USAA on-site CDC.** The Program may also be available for use at other child care locations for USAA employees that work in a location without a USAA onsite CDC. Any USAA employee meeting the qualifications as mentioned is encouraged to apply; however, not all applicants may be selected for tuition assistance. The Tuition Assistance Program is managed by Bright Horizons Family Solutions.

Please note that families will be notified when they are required to re-qualify for tuition assistance each year with the previous years’ tax return. Should you experience a qualifying life event (as defined by USAA benefits policies) during the course of the year, you may also reapply.

**Here are the steps you need to follow to submit your application for consideration:**

**Step 1:** Contact the center for a tour and to discuss availability and timeframe for your child to enroll. There may be a waitlist for certain age groups/classrooms.

**Step 2:** Print out and complete the current Tuition Assistance Application. **You are required to fill in all details since you are signing as to its accuracy.**

**Step 3: Items required for applying for TA:** USAA ID Badge, first two pages of your **signed** tax return documents (1040, 1040A or 1040 EZ) and offer letter (if a new employee). In certain circumstances, additional information may be requested to complete the Tuition Assistance Application. \*Email or fax your application and required documents to: Reneé Caldwell at Bright Horizons.

[**Email: rcaldwell@brighthorizons.com.**](mailto:rcaldwell@brighthorizons.com.) **Fax number: (615) 220-8835.**

**\*Please scan documents, do not send pictures from smartphones. If you need access to a fax, the CDC can provide you with access.**

You should typically receive communication within two or three days regarding your Tuition Assistance status, if you have not heard back within that timeframe, please email Reneé Caldwell to verify your documents were received. Make sure you are using **HTML text format** when sending attachments using a USAA email address. If your CDC Tuition Assistance has been approved, you will receive an approval letter that will be sent to the CDC as well and they will ask you to complete a Payroll Deduction Form reflecting the new tuition rates. If your Tuition Assistance has been approved for use in another childcare center, additional instructions will be provided.

This chart shows the income level (based on tax return or offer letter if new employee)

and the corresponding subsidy percentages for which they qualify.

|  |  |
| --- | --- |
| **Income Breakdown** | |
| less than $30K | 50% |
| $30K - $34,999 | 40% |
| $35K - $39,999 | 30% |
| $40K - $44,999 | 25% |
| $45K - $49,999 | 20% |

**Important Tax Information:**

IRS allows an annual maximum of $5,000 tax-free, per family for dependent care support. **You will be taxed on all amounts of dependent care support over $5,000.**

Three types of dependent care support are considered part of the $5,000.

1. Employee contributions to a Dependent Care Spending account, and;
2. Tuition Assistance subsidy provided by your employer
3. Fair market value of backup childcare ($17 per hour) minus your copayment

If you contribute to a Dependent Care Spending Account obtaining tuition assistance may allow you to change your contribution. Contact the USAA Benefits Center at 800-210-8722 to make dependent care enrollment changes. Please refer to the example below as a guide to help you determine your maximum bi-weekly dependent care contribution.

**Example of bi-weekly Dependent Care Spending Account Contributions**

|  |  |
| --- | --- |
|  | |
| USAA bi-weekly subsidy amount | $130 |
| Annual subsidy ($130 x 26) | $3,380 |
| Maximum annual tax-free support for dependent care | $5,000 |
| Maximum annual amount you can contribute to a Dependent Care Spending Account. ($5,000 - $3,380) | $1,620 |
| **Maximum Dependent Care Spending Account bi-weekly contribution**. | **$62** |

Please contact Reneé Caldwell via email [at rcaldwell@brighthorizons.com](mailto:at%20rcaldwell@brighthorizons.com), if you have any questions about the CDC Tuition Assistance application or requalification process.

2018 Tuition Assistance Instructions 07112018

USAA CDC Tuition Assistance Application **Updated July 11, 2018**

**Employee’s Office Location: Date of Hire:**

**\*\*Please indicate if RealCo employee**

|  |
| --- |
| Remote USAA Location (city, state): |
|  |
| Name of Preferred Center: |
|  |

USAA Child Development Center

|  |  |
| --- | --- |
| ❒ Colorado Springs | ❒ Phoenix |
| ❒ San Antonio \*\* | ❒ Tampa |

**OR**

|  |  |  |  |
| --- | --- | --- | --- |
| Purpose of Application (check one): | ❒ New Applicant | ❒ Re-enrollment | ❒ Annual Income Re-Validation |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| USAA Employee ID #: | |  | | | Employment Status: | | | | | ❒ **Full-time** | | | ❒ Part-time (not eligible) | | | |
| USAA Employee Legal Last Name: | | | |  | | | | | Legal First Name: | | | | | | | |
| Preferred Name: Personal Email | | | | | | | | | | | | | | | | |
| Home Address: |  | | | | City: |  | | | | | State: |  | | Zip: |  |  |
| Home Phone #: |  | | | | Work Phone #: | | |  | | | | | | |  | |
| **USAA Email Address:**  @usaa.com | | | | | | | | | | | | | | | | |
| **\*Spouse/Co-Sponsor** Last Name: | | |  | | | | First Name: | | | |  | | | |  | |
| **(adult living in your home who contributes to overall household income, if applicable)** | | | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Child(ren) **enrolling** at CDC: | **Child 1** | **Child 2** | **Child 3** |
| Name: |  |  |  |
| Date of Birth: |  |  |  |
| Male/Female: |  |  |  |
| Classroom: (infant, toddler, 2, PS) |  |  |  |
| Date Care Starts: |  |  |  |

Household Income Information (taken from Federal Income Tax Return or Offer Letter if new employee):

(You will need to submit the first two pages of your signed 1040 or one page 1040 EZ tax return forms with this application, in addition, **new employees need to submit their offer letter**)

*\*Note: If applicable, include information from both household providers if filing separately (even if not married)*

|  |  |  |
| --- | --- | --- |
| **Enter the Adjusted Gross Income as it appears on your Income Tax Return**: Year of Tax Return: **20\_\_­\_** | Employee | Spouse/Co-Sponsor,  if applicable |
| $ | $ |
| **Adjusted Gross Income may be found as follows: Form 1040 (line 37); Form 1040EZ (line 4); Form 1040A (line 21)** | | |
| Total Adjusted Gross Income**/**Annual Income from Offer Letter (if new employee) | | $ **/** |

**Application must be completed and signed before eligibility is considered.**

By signing below I am certifying that the information provided by me herein and the copies provided as required proofs are, to the best of my knowledge and belief, true and correct, and that I have not knowingly withheld any facts or circumstances that would affect this application. I understand that the IRS allows an annual maximum of $5,000 tax-free per family for dependent care support and that I will be taxed on all amounts of dependent care support over $5,000.I understand that if I knowingly receive tuition assistance for which I am not eligible, USAA may take corrective action, up to and including termination of employment, or other legal action. In addition, I understand that it is my obligation to complete and sign a USAA CDC Tuition Assistance Application annually in order to qualify for any tuition discount for which I may be eligible. I understand that USAA, at its sole discretion, may suspend, alter or terminate this offer for tuition discount at any time.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Applicant’s Signature |  | Date |

***Please forward this application with required documents to Reneé Caldwell.***

***Email:*** [***rcaldwell@brighthorizons.com***](mailto:rcaldwell@brighthorizons.com) ***Fax: 615.220.8835***