

**Tuition Assistance Program
April 15, 2019**

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 Bright Horizons/USAA "onsite" 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 year, you may reapply.

Application steps:

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

- 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.
- Step 3:** **You are required to fill in all details since you are signing as to its accuracy.**
Items required for applying for TA: USAA ID Badge, 2018 1040 signed tax pages and offer letter (if a new employee). In certain circumstances, additional information may be requested to complete the Tuition Assistance Application.
- Step 4:** Email or fax your application and documents to: Reneé Caldwell:
[Email: rcaldwell@brighthorizons.com](mailto:rcaldwell@brighthorizons.com) Fax number: (615) 220-8835

Make sure you are using **HTML text format** when sending attachments using your USAA email address. You should receive communication within three business 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. 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 all necessary forms reflecting the new tuition rates. If your Tuition Assistance has been approved for use in an Off-Campus childcare center, additional instructions will be provided.

Applications received after December 13, 2019 will be processed for 2020.

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
- 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, if you have any questions about the CDC Tuition Assistance application or requalification process.

2019 USAA CDC Tuition Assistance Application

Employee's Office Location: _____ **Date of Hire:** _____

****Please indicate if RealCo employee**

USAA Child Development Center

- ☐ Colorado Springs ☐ Phoenix
☐ San Antonio ** ☐ Tampa

OR

Remote USAA Location (city, state): _____

Name of Preferred Center: _____

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:	<u>Child 1</u>	<u>Child 2</u>	<u>Child 3</u>
Name:			
Date of Birth:			
Male/Female:			
Classroom: (infant, toddler, 2, PS)			
Date Care Starts:			

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

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 2018 Federal Income Tax Return.	Employee	Spouse/Co-Sponsor
	\$ _____	\$ _____
Adjusted Gross Income may be found as follows: Form 1040 (line 7);		
Total Adjusted Gross Income/Annual Income from Offer Letter (if new employee)	\$ _____	/

(Hourly rate x 80 hours x 26 weeks)

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 _____

Send documents to Reneé Caldwell: Email: rcaldwell@brighthorizons.com Fax: 615.220.8835

Tax form Example

Form 1040 Department of the Treasury—Internal Revenue Service (99) 2018		OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.
Filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)			
Your first name and initial		Last name	
Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind		Your social security number	
If joint return, spouse's first name and initial		Last name	
Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954 <input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.		Presidential Election Campaign (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse If more than four dependents, see inst. and <input checked="" type="checkbox"/> here <input type="checkbox"/>	
Dependents (see instructions):			
(1) First name	Last name	(2) Social security number	(3) Relationship to you
			(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):
			Child tax credit
			Credit for other dependents
Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature		Date	Your occupation
Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation
			If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Preparer's name		Preparer's signature	PTIN
Firm's name ▶		Firm's EIN	
Firm's address ▶		Phone no.	
Paid Preparer Use Only		Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed	
For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.			
		Cat. No. 11320B	Form 1040 (2018)

Form 1040 (2018)		Page 2
1 Wages, salaries, tips, etc. Attach Form(s) W-2		1
2a Tax-exempt interest		2a
3a Qualified dividends		3a
4a IRAs, pensions, and annuities		4a
5a Social security benefits		5a
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		6
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		7
8 Standard deduction or itemized deductions (from Schedule A)		8
9 Qualified business income deduction (see instructions)		9
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10
11 a Tax (see inst.) (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)		11
b Add any amount from Schedule 2 and check here ▶ <input type="checkbox"/>		11
12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here ▶ <input type="checkbox"/>		12
13 Subtract line 12 from line 11. If zero or less, enter -0-		13
14 Other taxes. Attach Schedule 4		14
15 Total tax. Add lines 13 and 14		15
16 Federal income tax withheld from Forms W-2 and 1099		16
17 Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863		17
Add any amount from Schedule 5		17
18 Add lines 16 and 17. These are your total payments		18
Refund		
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		19
20a Amount of line 19 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>		20a
▶ b Routing number ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ d Account number		
21 Amount of line 19 you want applied to your 2019 estimated tax		21
Amount You Owe		
22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions		22
23 Estimated tax penalty (see instructions)		23