Frequently Asked Questions ("FAQs")
(Effective September 1, 2016 - Revised March 21, 2017)

These “Frequently Asked Questions” are intended to supplement the Fund’s Summary Plan Description (SPD). While every effort has been made to make these FAQs as complete and as accurate as possible, they do not restate the existing terms and provisions of the SPD other than the specific terms and provisions they are modifying. If any conflict should arise between these FAQs and the terms of the SPD, or if any point is not discussed in these FAQs or is only partially discussed, the terms of the SPD will govern in all cases.

The Board of Trustees of the Fund reserves the right, in its sole and absolute discretion, to interpret and decide all matters under the Fund. The Board also reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Fund or any benefits provided under the Fund (or qualification for such benefits), in whole or in part, at any time and for any reason.

1. What is the NYSNA Child Care and Elder Care Fund?
   a. The NYSNA Child Care and Elder Care Fund ("the Fund" or "CCEC Fund") provides reimbursement to eligible participants for child care and elder care expenses.

2. How was the NYSNA Child Care and Elder Care Fund established?
   a. The Fund was established by the January 21, 2010 to June 5, 2019 Collective Bargaining Agreement (CBA) between the New York State Nurses Association and the City of New York and the New York City Health + Hospitals. Prior to the Fund’s effective date of September 1, 2016, there was no reimbursement for child care or elder care expenses.

Eligibility

3. Who is eligible for child care and elder care reimbursement?
   a. All full-time, part-time, and hourly wage nurses (who work between 22.5 and 37.5 hours per week) covered by the CBA are eligible for this benefit from the first day of employment until they are no longer covered by the Agreement or no longer working the minimum number of hours. Part-time and hourly nurses are eligible for a reduced benefit (see Question #6 below). Per diem employees are not eligible for this benefit.
4. Can I receive reimbursement if I am on an official leave of absence?
   a. Participants in active pay status (either actively employed or on a paid leave of absence) on the date(s) the child care or elder care service was provided or program was completed can receive a reimbursement. Participants on an unpaid leave of absence are ineligible for Fund reimbursement.

5. If I am suspended without pay, am I still eligible for reimbursement under the Fund?
   a. You will still be eligible for reimbursement of claims for services provided or programs completed prior to your suspension, but any claims during a suspension without pay will be denied if you are no longer receiving a pay check. However, if your suspension is reversed through arbitration or settlement, child care and elder care services provided or programs completed during that period will become eligible for reimbursement. If your suspension is being served intermittently—for example, you are reporting to work 3 days a week instead of the usual 4—and you continue to receive a paycheck, you are still eligible for reimbursement.

Annual Claim Amounts

6. What is the maximum reimbursement amount?
   a. The maximum annual reimbursement amount for full-time nurses is $650 per participant per fiscal year combined for both child care and elder care.
   b. Part-time/hourly nurses who work a minimum of 22.5 hours per week are eligible for a maximum annual reimbursement amount of $325.
   c. No unused portion of the maximum annual benefit shall carry over from one fiscal year to the next.
   d. The Trustees of the Fund will review and set the annual maximum reimbursement each fiscal year.

Filing a Reimbursement Claim

7. When and how should I file for reimbursement?
   a. Claims for reimbursement are due within sixty (60) days from the date on which the service was provided or program was completed.
   b. You must complete and submit the “Reimbursement Claim Form.” The form is available online at www.ASOnet.com and www.nysna.org, or by calling ASO at 800-537-1238. A copy is included with these FAQs.
c. The following required supporting documents must be submitted along with the completed claim form:

1. Proof of payment to the provider (i.e., receipt; copy of cashier’s check, cancelled/deposited check, or money order; credit card receipt).

2. Copy of provider’s child care/elder care license or documents establishing exempt status.

3. For a disabled child, proof of disability (i.e., doctor’s note establishing total and complete disability, documentation of eligibility for SSDI or other disability services).

4. For elder care transportation expenses, receipt for the travel and documentation of attendance at health care appointment or senior care program.

5. For elder care claims, completed and signed “Statement of Elder Relationship” form.

d. The claim form and required supporting documents should be sent to Administrative Services Only, Inc., online at www.ASOnet.com, or via fax (855-255-0904) or mail to Administrative Services Only, Inc., Department 221, PO Box 9005, Lynbrook, NY 11563.

8. Where can I find license/permit information for a child or elder care provider?

a. Information on how to find the license or permit information for child or elder care providers in New York, New Jersey, and Connecticut is provided below. For license or permit information outside of the Tri-State area, you will have to locate the information yourself. You can also ask for the information directly from the provider. Providers are required to have their license/permit available; they may or may not allow you to make a photocopy or use your smartphone to take a photo to include along with your claim. You must, however, provide ASO with enough information to establish the provider is legally licensed/permitted (or legally exempt), which includes but may not be limited to:

   1. Provider’s name
   2. Address
   3. Phone number
   4. Type of service provided (pre-school, school age child care, senior day center, etc.)
   5. License or permit number (or documentation of exempt status)

A copy or photo of the license is preferred. You may also include a print-out of the provider’s listing in the appropriate state database below. Please note that senior centers
and community centers providing non-medical programming for seniors are not required to be licensed or permitted in the same way as a home health agency or child care provider. Senior day programs may be required only to display information on the safety and inspection records of their facilities. If you are unsure of the permit or license status, you may ask the provider, or use the websites listed below to contact the relevant state agency for more information.

b. ASO or the Fund may request further information about the provider in order to process your claim correctly. As stated in the Summary Plan Description, eligible members must provide in a timely manner any and all information necessary in order for claims to be processed.

**Child Care Licensing Resources**

**New York State** (outside NYC)
Office of Children and Family Services
Database of licensed child care providers. Searchable by name, type, location, school district, or license/registration number.

**New York City** (Manhattan, Bronx, Brooklyn, Queens, Staten Island)
Department of Health and Mental Hygiene
[https://a816-healthpsi.nyc.gov/ChildCare/SearchAction2.do](https://a816-healthpsi.nyc.gov/ChildCare/SearchAction2.do)
Database of licensed NYC child care providers, searchable by name, type, location, or permit number.

**New Jersey**
State of New Jersey Department of Children and Families, via State of New Jersey Open Data Center
[https://data.nj.gov/childcare_explorer](https://data.nj.gov/childcare_explorer)
Database of licensed child care providers, searchable by provider name, address, phone number, and number of children.

**Connecticut**
State of Connecticut License Lookup
[https://www.elicense.ct.gov/Lookup/LicenseLookup.aspx](https://www.elicense.ct.gov/Lookup/LicenseLookup.aspx)
Database of all state-issued licenses, registrations, permits, or certifications for individuals, organizations, and facilities. Organized by category (see “Child Day Care”).

**Elder Care Licensing Resources**

**New York**
New York State Department of Health
[https://profiles.health.ny.gov/home_care](https://profiles.health.ny.gov/home_care)
Database of certified home health agencies (CHHAs, providing part-time, intermittent health care and support services to people who need intermediate and skilled health care) and licensed home care providers (LHCSAs, providing home care services to people who pay out of pocket or have private insurance).
New Jersey
New Jersey State Department of Health
http://www.nj.gov/health/healthfacilities/findhospital.shtml#two
Database of health providers in New Jersey that can be refined to search for home health agencies (i.e., visiting nurse services) by location or provider’s name. Listings provide license information, including expiration date.

Connecticut
State of Connecticut License Lookup
https://www.elicense.ct.gov/Lookup/LicenseLookup.aspx
Database of all state-issued licenses, registrations, permits, or certifications for individuals, organizations, and facilities. Organized by category (see “Home Health Care”).

9. Who should I contact if I have a question about a claim?
   a. Administrative Services Only, Inc. (“ASO”) is the Fund’s third party administrator and will be handling the processing and approval of reimbursement claims and the issuing of payments. They can be reached by telephone at (800) 537-1238 or (888) 692-7671.

10. When will reimbursements be paid by the Fund?
   a. Reimbursements are expected to be paid within 6-8 weeks after ASO’s receipt of the claim and all necessary documents.

11. What happens if I fail to submit necessary documents?
   a. It is your responsibility to provide all the necessary documentation to ASO by the claims due date (see Question #7a). If a submission is not complete, it may be denied.

12. I have reached my maximum reimbursement for the year on child care expenses. Can I submit claims for elder care expenses?
   a. No. Once you have reached your maximum benefit amount of $650 ($325 for part-time/hourly, see Question #6), you are no longer able to be reimbursed for any expenses, whether for child care or elder care, until the beginning of the next fiscal year. Each participant may use their $650 maximum benefit amount however they choose for child care and/or elder care covered expenses, but the reimbursements you receive cannot exceed the maximum amount. For example, you could receive $250 in reimbursements for child care, and $400 for elder care; or you could receive all $650 for elder care, and nothing for child care. How you decide to use your maximum benefit amount is up to you, but the combined amount for child care and elder care cannot exceed a total of $650. No unused portion of the benefit shall carry over into the next fiscal year.
13. Will child or elder care expenses from before June 1, 2016, be eligible for reimbursement?

a. No. At this time, the Fund is only honoring claims for child care and elder care services that are provided (or, for ongoing programs, completed) on and after June 1, 2016. Claims for services provided or programs completed prior to June 1, 2016 are not eligible for reimbursement. Since the Fund is brand new, and there is no way to know how many claims will be filed, the Trustees decided to limit claims to June 1, 2016 (the original planned launch date for the Fund) to account for summer child care expenses. The Trustees will be monitoring the claims payments and financial stability of the Fund regularly to determine how to proceed as the Fund continues in the upcoming months and years.

**Covered Fund Reimbursements**

14. What children are eligible for reimbursement for child care expenses?

a. Biological children, stepchildren, adopted children, children placed with you for adoption, or children for whom you are the legal guardian are covered under this Fund.

15. What types of child care are covered?

a. The following types of child care are covered:

1. **Newborn Care:** Reimbursement towards expenses for the care of your child(ren) during the first year of life. Covers child care inside or outside the parent’s home by a formal child care provider.

2. **Pre-Kindergarten Care:** Reimbursement towards preschool costs for your child not yet enrolled in kindergarten by a formal child care provider.

3. **School Age Child Care (up to the day the child attains age 13):** Reimbursement towards child care costs for your child(ren) from kindergarten up to the day the child attains 13 years of age by a formal child care provider.

4. **Care for Disabled Child:** Reimbursement towards expenses for the care of your disabled child(ren) of any age who is dependent upon you for support and resides in your home. Covers care inside or outside the parent’s home by a formal care provider. Eligibility for a disabled child is contingent upon receipt of a doctor’s note establishing total and complete disability, or documentation of eligibility for Social Security Disability Insurance (SSDI) or other disability services.

b. A formal child care provider is defined as a person, program or facility legally-licensed or license-exempt by the county, city or state. This includes, but is not limited to, day care, pre-schools, summer camps and after-school programs.
c. Information on children eligible for benefits under this Fund will be obtained via the NYSNA Welfare Fund’s enrollment information. You must enroll your child(ren) in the NYSNA Welfare Fund in order to file child care reimbursement claims with the Child Care and Elder Care Fund. For more information on the NYSNA Welfare Fund, contact ASO at 800-537-1238 or 888-692-7971, or visit www.ASOnet.com.

16. Who is considered an “elder” and is eligible for reimbursement for elder care expenses?

a. Parents and step-parents of a participant are eligible for reimbursement of elder care expenses through the Fund.

17. What types of elder care are covered?

a. The following types of elder care are covered by the Fund:

1. **Formal Elder Care**: Licensed or license-exempt providers outside of the home (i.e., day programs, senior centers, community centers), and licensed or license-exempt providers inside the home (i.e., home care aides, visiting nurse service).

2. **Transportation**: Transportation for the eligible elder and one (1) accompanying person to and from healthcare providers and/or senior care programs. Travel reimbursement claims for elders must be accompanied by a receipt for the travel and documentation of attendance to the healthcare appointment and/or senior care program.

18. Can I use a child or elder care provider that is not in New York State?

a. Yes, as long as the provider meets the eligibility criteria and is within the United States, the location of the provider does not matter.

19. If I have to pay for child or elder care up-front (before the care is provided, such as with a summer camp), am I still eligible for reimbursement?

a. Yes, as long as the provider and the child or elder are eligible, and all proper documentation is submitted, you can still be reimbursed for care up to the annual maximum of $650 ($325 for part-time/hourly, see Question #6). However, such programs are not eligible for reimbursement until the program has completed.

20. My niece/nephew/friend or relative’s child/boyfriend or girlfriend’s child lives with me, and I am financially responsible for them. Can I submit for reimbursement for childcare expenses for them?

a. No, only biological children, stepchildren, adopted children, children placed with you for adoption, or children for whom you are the legal guardian are eligible for reimbursement of child care expenses. Foster children are not eligible for reimbursement.
21. My babysitter looks after my child. Is a babysitter a reimbursable expense?

a. No, informal care provided by an unlicensed provider, such as a babysitter, is not a reimbursable expense under the Fund. Eligible child care providers must be legally licensed or license-exempt by the county, city, or state.

22. My child does not live with me. Am I still eligible for reimbursements for him/her?

a. Yes, as long as the child is eligible, the required documentation is submitted, and the provider is located within the United States, where your child lives will not affect your reimbursements. For a disabled child of any age, however, the child must reside with you in order to be eligible for benefits under the Fund.

23. Is summer camp or after school eligible for reimbursement?

a. Yes, summer camps and after school programs are considered a formal child care provider and are covered under the Fund. The child must complete the summer camp program before a claim for reimbursement can be filed.

24. Can I submit claims for my mother- or father-in-law?

a. No, only care for parents and step-parents is eligible for elder care reimbursement claims. Care for in-laws is not eligible for reimbursement claims.

25. My spouse requires daily home care, or is in a nursing home. Are spouses covered under this Fund?

a. No, only care for parents and step-parents is eligible for elder care reimbursement claims.

26. My spouse is an NYCH+H/Mayorals nurse also covered by the Collective Bargaining Agreement. We both care for our child. Can we both submit claims for his/her care? What if we have more than one child?

a. Yes, you and your spouse can both submit claims for your child(ren)’s care, so long as the claims are not for the same expense. If you have more than one child, you and your spouse may submit claims for either child, again provided that claims are not submitted for the same expense.

27. My sibling and I are both NYCH+H/Mayorals nurses, and we both provide care for our mother. Can we both submit claims for reimbursement for her care?

a. Yes, as long as the claims are not for the same occurrence or expense, you can both submit claims for reimbursement for your mother’s care.
Appeals Process

28. Can I appeal the decision of the Fund to deny reimbursement?

a. Yes, you have the right to appeal a denial of your reimbursement claim. ASO will notify you that your claim has been denied in writing, along with the reason, within ninety (90) days of receipt of your claim.

b. You may appeal the denial by submitting a Claim Appeal Form, which is available online at www.ASOnet.com. You must also provide any and all documentation to support your appeal.

c. Appeals must be submitted to the Plan Administrator (not ASO) within sixty (60) days after the date of the notice of denial, and will be considered by the Trustees.

d. The Trustees will review the appeal at their next scheduled meeting. The Trustees’ decision is final and binding.