

PROVIDER MEMBER MATCH FOR YEARLY HEALTH INSURANCE OR RETIREMENT CONTRIBUTION INFORMATION

Questions and Answers on Funds Available to all Child Care Providers who are Members of the Verona Family Child Care Association AND who pay out-of-pocket for health benefits and/or tax deferred retirement contributions.

1. Who may apply for the Yearly Health Insurance or Retirement Contribution Match?

Similar to the training scholarship, child care providers must meet all of these criteria to apply. They must be members of VFCCA. They must have attended or participated in at least three VFCCA meetings or events. They must have participated in at least one VFCCA fundraiser. They must have paid for their own health insurance OR made contributions to a tax deferred retirement account such as IRA, SEP, SIMPLE, or self-employed Keogh. The yearly match will match funds up to 3% that a provider has paid for health benefits or contributions made to a tax deferred retirement account, but not both.

2. What criteria is required to apply?

Health Insurance or Retirement Contribution Match applicants must present their application with the following items (applicants can send in either the original or a copy).

- Completed application form
- Billing for Health Insurance
- Cancelled check from Health Insurance payment
- Official statement from retirement account financial institution with yearly contribution CIRCLED
- Confirmation and description of the three meetings or events you participated in
- Confirmation of participation in a VFCCA fundraiser

3. When must a member apply for the Health Insurance/Retirement Contribution Match?

As with the training scholarships, applications must be completed and mailed with all applicable criteria by December 1 of the calendar year in which the payments or contributions took place in order to receive the match. Applications which are complete and postmarked December 1 will be accepted for that calendar year.

4. How will Match funds be allocated?

50% of the funds raised by that year's fundraisers for VFCCA will be budgeted for training scholarships and match funds. A Committee of not less than three members of VFCCA will review all applications to determine eligibility. Every member who applies and whose application is complete will receive a training scholarship reimbursement and/or match funds. The amount each individual receives will depend upon the amount of money available, how many members apply, and the amount each member is applying for.

Verona Family Child Care Association

PROVIDER MEMBER MATCH FOR YEARLY HEALTH INSURANCE OR RETIREMENT CONTRIBUTION APPLICATION

Name: _____ Phone: _____
Address: _____

Confirmation of Participation in THREE VFCCA Meetings or Events:

	Date	Description of Meeting or Event
1.		
2.		
3.		

Confirmation of Participation in at least ONE VFCCA Fundraiser

How You Participated in a VFCCA Fundraiser this year

Please check only **ONE** of the following:

_____ Health Insurance Premiums Paid \$ _____

_____ Tax Deferred Retirement Contributions \$ _____

Mailing Instructions:

- * Complete application form
- * Billing from Health Insurance OR cancelled check from Health Insurance payment
- * Official statement from retirement account financial institution with yearly contribution **CIRCLED**
- * Must be returned by December 1st to VFCCA Treasurer

Mail To: Alexa Frommherz, VFCCA Scholarship, 2569 Chesapeake Drive, Fitchburg, WI 53719