

DARTMOUTH

Benefits Office, Human Resources

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human.resources.benefits@dartmouth.edu

2025 APPLICATION FOR CHILD CARE SUBSIDY PAYMENT FORM FOR RESEARCH FELLOW EMPLOYEES

1. EMPLOYEE:

Please complete this section and sign Section 2.

Name: _____ Dartmouth ID: _____

Position: _____ Department: _____ Telephone: _____

Email Address: _____

Age of Child(ren): _____

2. EMPLOYEE:

Please review the information below and certify your understanding by signing and dating.

By signing below, I affirm the following:

- I am a current Research Fellow employee of Dartmouth.
- I have a child who is under the age of six (6) years of age as of January 1, 2025, or after.
- I certify that I have child care expenses equal to or greater than the amount of benefit for which I am eligible to receive.
- I understand that if my spouse is also a Dartmouth employee that only one of us may receive a Child Care Subsidy, and I acknowledge that my spouse is not also claiming a Dartmouth Child Care Subsidy.
- I understand that this payment is taxable, and I will be paying applicable taxes on this payment at the time it is issued in my paycheck.

Signature: _____ Date: _____

HUMAN RESOURCES BENEFITS

Form Received on _____

Eligible child(ren) in FlexOnline? Eligible Benefit Amount: \$ _____

HRMS Entry (Date: _____)

HR Signature: _____ Date: _____

Updated 10/04/2024

COMMENTS:

Return form to Human.Resources.Benefits@dartmouth.edu by April 1 to receive both June 1 and December 1 payments (if hired on/after April 1, submit form by Oct. 1 to receive December payment)