

Employee Benefits Program

Health Care

Investments

Vacations



Letter from the Founder

Dear Fellow Juggler,

Our three families—the Nakamuras, Hashads, and Smiths—started Family Night 14 years ago when our children ranged in age from 6 months to 9 years. We realized that we needed to get together with other families for support and a social life. The guys cooked and the gals devised games and entertainment to keep the 11 kids (total) happy. As Family Night became tradition, the dinners improved, and the games and entertainment became the much-anticipated highlight of the evening. The night of February 17, 1984, was pivotal, in a manner of speaking; it was while we were eating peanut butter-and-celery hors d'oeuvres that Pat introduced what became the first Juggler Toy—the game PivotPlay.

The rest is history—14 years of it, and we've grown considerably since those early Family Nights. Formally incorporated in August 1984, Juggler Toys now employs nearly 500 individuals who, like us, are committed to enriching people's lives through play.

Juggler Toys prizes its employee contributors and believes that people who create toys thrive in an environment that encourages the imagination. We provide a comprehensive and progressive benefits program for you and your family, creating an environment in which you can comfortably be creative and productive.

Acquaint yourself with this guide. If you have questions about any of this material, don't hesitate to contact your liaison in Human Resources. And yes, you'll find that Family Nights are listed here, too—because everyone benefits!

Sincerely,

Patricia Nakamura
Chairman of the Board and Chief Operating Officer
Founder

Susan Hashad
President, Founder

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The Juggler Toys Health Care Program provides “comprehensive” health care benefits or “catastrophic” health care coverage for you and your eligible dependents—it’s up to you to make the final design decision. The options available to you vary, depending on where you live.

This coverage is provided through:

- Your choice of one of the following medical plans:

Happy Campers Open Choice 100

Happy Campers Open Choice 200

Happy Campers Managed Choice

Health Maintenance Organization (HMO)

Out-of-Area Plan (available to employees who do not live in either the Open Choice or Managed Choice Service areas)

- Your choice of one of the following dental plans:

Happy Campers Comprehensive Dental Plan (required core coverage)

Twinkling Teeth Dental Plan (an HMO-type plan available only in California)

- The vision plan (required core coverage) is provided by Hawkeye Vision Plan

Note: The required core health care coverages are provided for the employee only.

Who Is Eligible

You are eligible for health care coverage on your first day of work, if you are a regular employee and normally work at least 24 hours per week.

You may also choose to enroll your eligible dependents:

- Your spouse (or qualified domestic partner, as defined on page 34)
- Your (or your domestic partner’s) unmarried children under age 19, or to age 25 if they are dependent upon you for support and are registered as full-time students at an accredited institution of higher learning
- Your (or your domestic partner’s) unmarried children of any age, provided they are dependent upon you for support and are physically or mentally disabled. You must provide written proof of disability within 31 days after the child reaches the limiting age. You may also be required to provide periodic proof of disability and support.

The term children includes your own children, step-children, legally adopted children or foster children, as well as any other children for whom you are the legal guardian or for whom you have legal custody and who are primarily dependent on you for support. A dependent who is in the armed forces is not eligible for benefits under the Juggler Toys Health Care Program.

Domestic Partner Coverage

Juggler Toys extends coverage under Personal Selections to qualified domestic partners (same and opposite sex) and their eligible dependent children. Domestic partner coverage applies to the coverages—medical, dental, vision and dependent life insurance—in which spouses and children may be enrolled.

To be eligible for domestic partner coverage:

- You and your partner must be at least 18 years of age
- You must be in a committed, exclusive relationship
- You must have lived together for at least 12 months
- You must be jointly responsible for living expenses

Roommates and relatives are not considered domestic partners. You must also wait 12 months before re-enrolling a different domestic partner. If you are in a domestic partner relationship and your 12-month “anniversary” falls at a time outside of Juggler Toys’ open enrollment period, this will be treated as a change in family status and you may apply for domestic partner coverage at that time.

In addition to meeting all the above criteria, you must complete a Policy Statement and a Declaration of Domestic Partnership, have it notarized, and return it to Human Resources within 31 days of the event.

For simplicity’s sake, a domestic partner is considered a spousal equivalent. As you read through this book, wherever you see a reference to spouse and/or children, it also applies to qualified domestic partners and their eligible dependent children.

Domestic partner benefits coverage will impact your take-home income in two ways. First, your employee contributions will be deducted from your after-tax paycheck, due to IRS restrictions. Second, the amount of income tax withheld from your paycheck will be increased to cover the tax due on the imputed income value of benefit coverage. The amount of the income tax withholding increase will depend on your tax bracket and the number of dependents you can claim on your income tax return. This means the value of your domestic partner coverage will be reported as “other compensation” and treated as taxable income. You may want to consult a qualified tax adviser if you need more information.

Cost of Coverage

The plans differ in cost depending on the plan and benefit level you choose. You may want to purchase benefits in excess of the PS dollars Juggler Toys provides. If the benefits you choose cost more than the amount of PS dollars allotted, you pay the extra cost through payroll deductions.

When Coverage Becomes Effective

Your health care coverage begins on your first day of active work at Juggler Toys. When you enroll, you may also enroll your eligible dependents. Dependent coverage becomes effective when your coverage does. However, if a dependent (other than a newborn child) is confined to a hospital on the effective date, his or her coverage will not begin until discharge from the hospital.

Adopted children, or children who must be covered due to a qualified medical child support court order, will not be denied coverage due to a hospital confinement or a preexisting condition; provided you enroll the child within 31 days of the date he or she is placed with you for adoption or within 31 days of the court order.

If you do not return your PS enrollment/change form within 15 days of becoming eligible, you will be automatically enrolled in the core coverages for yourself only, and the remaining PS enrollment/change form dollars will be forfeited. See page 28 for details.

Pre-existing Condition Limitation

Under the Happy Campers medical plans, the pre-existing condition limitation will not apply to new hires, their eligible dependents and individuals who become eligible within 90 days of the termination of coverage under a previous group plan or within 30 days of the termination of an individual plan. You do not need to submit proof of good health.

If the pre-existing condition limitation applies to you, the Happy Campers plans will pay up to \$3,000 of covered medical expenses for a pre-existing condition. A pre-existing condition limitation applies for 6 months and is defined as a condition for which you or a covered dependent have received medical treatment in the 3-month period prior to the effective date of coverage.

Changing Plans

If you want to change medical or dental plans, you may do so only during the annual open enrollment period. You may do this without being subject to any pre-existing condition limitations.

You can also change your medical or dental coverage if you move from a managed health care service area, or if any of these plans are discontinued, as long as you apply within 31 days of the move or discontinuance. If you change your medical or dental coverage in accordance with these rules, your new coverage will begin on the day after the date your present coverage ends.

Pretax Reimbursement Accounts

Coverage At-a-Glance

- Each year during open enrollment, you have the chance to open a Dependent Care and/or Health Care Reimbursement Account.
- Your Dependent Care Reimbursement Account lets you use pretax dollars to pay for dependent care expenses that you, or you and your spouse, incur in order to work or look for work.
- Your Health Care Reimbursement Account lets you use pretax dollars to pay for medical, dental and vision care expenses that are not covered by your health insurance plan(s).
- You decide how much you want to contribute for the year—up to the following annual limits.

You can contribute up to \$5,000 each year to your Dependent Care Reimbursement Account, less any company contributions and spouse's contributions, depending on your marital and federal tax filing status.

You can deposit up to \$3,000 each year in your Health Care Reimbursement Account, regardless of your marital status or income tax filing status.

- You then make deposits to your account from your semimonthly paychecks using pretax dollars and/or unused PS dollars. These deposits are taken in equal installments throughout the year.
- In addition to your contributions, if you are eligible, Juggler Toys may contribute \$50 per pay period of tax-free dollars (\$1,200 per year) to your Dependent Care Reimbursement Account to assist with child care expenses for children under age 13.
- When you have eligible expenses, you are reimbursed by making a claim for payment from your account(s). Even when you receive your reimbursement, the money, generally, remains tax-free.
- Both accounts require that you estimate your expenses and plan your contributions carefully. According to federal law, any funds remaining in plan accounts at year end will be forfeited.
- Your election is effective for the entire year. You may change your election during the year only if you have a change in family status, as described on pages 31–32.

General Information About the Reimbursement Accounts

Juggler Toys provides you with the opportunity to pay for dependent care expenses that you (or you and your spouse) incur in order to work or look for work; and to pay yourself back for unreimbursed health care expenses, using pretax dollars through the:

- Dependent Care Reimbursement Plan
- Health Care Reimbursement Plan

Pretax Reimbursement Accounts

Participation in the reimbursement plans enables you to use tax-free dollars to pay for expenses that you would otherwise have to pay with after-tax money.

Who Is Eligible

You are eligible to enroll in the Dependent Care Reimbursement Plan and the Health Care Reimbursement Plan if you are a regular employee and normally work at least 24 hours a week.

When Enrollment Becomes Effective

Newly hired employees and those who are newly eligible may enroll within 15 days of becoming eligible. If you enroll at that time, your election will become effective as of the date you become eligible to participate. If you do not enroll when you are first eligible, you will have to wait until the next annual open enrollment period—unless you have a qualified change in family status, as described on pages 31–32.

Once you are enrolled (either as a new hire or during Juggler Toys' annual open enrollment), the Internal Revenue Code requires that you must re-enroll each year during the open enrollment period if you want to continue participating.

If you have a change in family status, you can enroll or change your election by filing a new PS enrollment/change form within 31 days of the change. Your enrollment or the change in your election must be on account of, and consistent with, your change in family status. In the event of a change in family status, you may not decrease the amount to be deposited for the year to your Health Care Reimbursement Account. Your new enrollment form will become effective as of the next pay period after the form is filed.

How to Enroll

To enroll in the Dependent Care and/or Health Care Reimbursement plans, you will need to complete the appropriate sections on your enrollment/change form. It asks you to indicate if you would like to participate and how much you want to withhold from your salary as pretax contributions to each plan.

Note: Certain highly paid employees may have their pretax contributions recharacterized to taxable contributions in order for these plans to comply with applicable federal laws. If this applies to you, you will be notified.

Once you have enrolled by completing your PS enrollment/change form, you will receive an enrollment kit for each reimbursement account in which you have enrolled. Your kit will include claim forms and other information about submitting claims. If you enroll in the Dependent Care Reimbursement Plan, you'll also need to complete a more detailed enrollment form asking for additional information about your dependent(s) and your care provider. The forms are available from Human Resources.

Also, note that once you have elected to participate and have authorized payroll deductions, or have elected not to participate, you may change your election and/or increase or decrease the amount of your deduction only during the annual open enrollment period, or when you have a qualified change in family status.

Pretax Reimbursement Accounts

How the Plans Work

Each year at open enrollment, you decide if you want to open or re-enroll in a Dependent Care Reimbursement Account, a Health Care Reimbursement Account, or both. You estimate in advance how much you want to contribute during the year, up to certain limits. Contributions to your reimbursement account(s) can be made with unused PS dollars, pretax payroll deductions, or a combination of both. These contributions are then taken in equal installments each pay period—before any state, federal or Social Security taxes are withheld.

When you have eligible expenses, you pay for them, and then reimburse yourself by making a claim for payment from your account(s). When you receive your reimbursement from your account, the money generally continues to be tax-free.

You may only submit eligible expenses for dependents considered to be IRS qualified. You may not submit expenses for nonqualified domestic partners or their children.

Use It or Pretax Reimbursement Accounts Lose It

You will need to be careful when deciding how much to contribute to a reimbursement account. Federal law requires that any amounts allocated to your account(s) and not used to pay for expenses incurred in the same year must be forfeited. You cannot withdraw any unused balance, carry it forward to the next year, transfer to another reimbursement account or your 401(k) program—**these funds will not be returned to you**. However, you have a 90-day grace period from the end of each calendar year to file a claim for expenses incurred during that year. In other words, you have until March 31 of the next year to file claims for expenses incurred in the previous year. When you are deciding on the amount to contribute, it may be wise to be conservative so you do not find yourself facing forfeiture of funds. It is recommended that you look at the actual out-of-pocket expenses you had last year to determine the amount of pay you want to redirect.

Statements

To help in managing your account(s), you will receive a statement with each reimbursement, listing all claim transactions and current account balances for the month and year-to-date. If you don't submit any claims, you will receive a semiannual statement.

What Happens If You Leave Juggler Toys

If your employment with Juggler Toys ends, or you are no longer eligible to participate in the plans, or if Juggler Toys terminates the plans, your payroll contributions and any company contributions will stop. You can still file claims for reimbursement of any dependent care expenses incurred during the same calendar year, up to the balance of your Dependent Care Reimbursement Account at the time of your termination.

You are also entitled to reimbursement of any health care expenses incurred before your termination, up to the amount you have elected to deposit for the year to the Health Care Reimbursement Account, less prior reimbursements. Again, you may submit claims for reimbursement until March 31 of the following year. If your participation ends because you leave Juggler Toys or are no longer eligible, you also have the option under COBRA to continue full participation (continuing contributions and making claims) in the Health Care Reimbursement Account. However, your continued contributions must be made with after-tax dollars. This is the only way you can continue to receive reimbursement from your account for expenses incurred during the calendar year, but after termination. For more information on your COBRA rights, please contact Human Resources. By federal law, you cannot continue to participate in the Dependent Care Reimbursement Account under COBRA.

Pretax Reimbursement Accounts

Dependent Care Reimbursement Plan

A Dependent Care Reimbursement Account lets you pay—using pre-tax dollars—for dependent (child and adult) care expenses that you incur if:

- You are single and work
- You are married and one of the following applies:
Both you and your spouse work outside the home or are looking for work.
- Your spouse is a full-time student for at least five months during the calendar year while you are working.
- Your spouse is mentally or physically disabled and unable to care for the dependent or provide for his or her own care.
- An individual is a “dependent” for purposes of the Dependent Care Reimbursement Plan if he or she is a member of your household and principally resides in your home and if you provide more than half of his or her support for a calendar year.
IRS Publication 503 defines “full-time student” and “mentally” and “physically disabled.”
- You can receive a copy by calling your local IRS Forms Distribution Center.
Your dependent is eligible if:
- The dependent is under age 13 and you are entitled to claim him or her on your income tax return, or
- Your dependent or spouse is physically or mentally incapable of self-care, regardless of age.

Special rules apply for children of divorced or separated parents. If you are divorced or separated and provide at least partial support for your child, your child care expenses may be eligible. Generally, the parent with custody is eligible to claim dependent care expenses, unless the parent with custody waives the right to claim the child as a dependent. Details about these rules are also found in IRS Publication 503, available from your local IRS office or IRS Forms Distribution Center.

Eligible Expenses

Any type of dependent care expense you could claim legally if you were filing for a credit on your federal income taxes is eligible for reimbursement through your Dependent Care Reimbursement Account.

Eligible expenses include:

- Services of individuals who care for your dependents either inside or outside your home, including services provided by relatives as long as you do not claim these relatives as dependents on your income tax return.
- In-home services provided by a baby-sitter, nursing aide or attendant. Services provided by a housekeeper or maid may also be reimbursed if the person is responsible for the care of your dependent during the day. Taxes you must pay as an employer on behalf of

Pretax Reimbursement Accounts

the provider are also eligible.

- Services provided by a day-care center (for children or adults). A day-care center must be licensed if it provides care for more than six individuals who do not normally live there.

Ineligible Expenses

Ineligible expenses include:

- Amounts paid for services outside the home if the dependent regularly spends less than eight hours each day in your home. (This restriction does not apply to dependents who are children under the age of 13 years.)
- Any amount paid for services outside your home at a camp where your child or disabled dependent stays overnight
- Amounts paid to your spouse or anyone else who is your dependent

Expense Scenarios

- If you're a single parent and have a baby-sitter care for your baby while you are at work, the amounts you pay the babysitter may be reimbursed through your Dependent Care Reimbursement Account.
- You and your spouse both work. You drop your 4-year-old child off at a day-care center that cares for six or more children every day while you work. The day care costs may be reimbursed through your Dependent Care Reimbursement Account as long as the day care facility meets all state and local legal requirements.
- Your mother who is physically incapable of caring for herself lives with you. In order to be gainfully employed, you hire a nurse to care for your mother while you are at work. The amount you pay the nurse can be reimbursed under the Dependent Care Reimbursement Account only to the extent of your pretax payroll contributions. The Company's contribution may not be used for reimbursement of these expenses.
- Your spouse who is physically incapable of caring for himself/herself lives in a care center in order to permit you to work. The amount paid to the care center may not be reimbursed under the Dependent Care Reimbursement Account.
- Amounts paid for food, clothing or education if such amounts are not incidental to and inseparably a part of the dependent's care.

Company Contributions

If you enroll in a Dependent Care Reimbursement Account, Juggler Toys will contribute \$100 per month (\$50 per pay period) to your account to assist you with dependent child care expenses, if you:

- Are regularly scheduled to work at least 30 hours a week, and
- Have at least one dependent who is under age 13 who receives dependent care an average of two or more hours per day.

Pretax Reimbursement Accounts

Your Contribution Limit

Each calendar year, you can put up to \$5,000 of tax-free dollars, less any contributions by Juggler Toys or a spouse with a similar plan, into your Dependent Care Reimbursement Account. The actual amount (less Juggler Toys's contributions) depends on your marital status and/or income filing status as follows:

- If you are single, the limit is \$5,000 or the amount of your annual income, whichever is less
- If you are married and file a joint tax return, the limit is \$5,000 (\$2,500 if you file a separate return), or the amount of your annual income or your spouse's annual income, whichever is less
- If your spouse also has a dependent care account at work, your combined contributions to both accounts (including Juggler Toys' contributions) cannot exceed \$5,000
- If your spouse is a full-time student or is disabled, as defined by the IRS for purposes of this plan, you may contribute up to \$2,400 annually (\$200 per month) if you have one dependent, or \$4,800 annually (\$400 per month) if you have two or more dependents. These maximums include the company contribution.

Dependent Care Reimbursement Account

Versus the Federal Dependent Care Tax Credit

The reimbursement of monies you receive from your Dependent Care Reimbursement Account for qualified dependent care expenses is generally not taxable income. In some cases, however, it may be more advantageous to claim the Dependent Care Tax Credit on your federal income tax return than to enroll in a Dependent Care Reimbursement Account. You should determine which approach is best under your particular circumstances. Any amount you receive for dependent care expenses under the Dependent Care Reimbursement Plan reduces dollar for dollar the maximum amount of dependent care expenses (\$2,400 for one dependent, or \$4,800 for two or more dependents) you may take into account for purposes of the Dependent Care Tax Credit. For example, if you have one dependent and have \$2,400 or more of child care expenses reimbursed under the Dependent Care Reimbursement Plan, you will not be entitled to a Dependent Care Tax Credit, even if your dependent care expenses exceed the amount withheld from your pay. The following table may help you decide when you are likely to be better off taking the Dependent Care Tax Credit and when it will be better for you to be reimbursed under the Dependent Care Reimbursement Plan. However, regardless of your adjusted gross income, it's always more advantageous to receive Juggler Toys' contribution rather than claim the Dependent Care Tax Credit. The following table assumes that you have \$1.00 of dependent care expenses, take the standard deduction, do not itemize, and you pay California income taxes. Remember, though, that your situation may differ from the typical situation used in this example, so this table may not be right for you. Furthermore, if you have one eligible dependent and your dependent care expenses for the year exceed \$2,400, it may be better for you to participate in the Dependent Care Reimbursement Plan, despite what the table indicates for your income level. This is because the maximum amount eligible for the Dependent Care Tax Credit is \$2,400 for one dependent, while the maximum amount eligible for reimbursement under the Dependent Care Reimbursement Plan is \$5,000. We recommend that you obtain the advice of your personal tax advisor before electing to make pre-tax contributions to the Dependent Care Reimbursement Account.

Pretax Reimbursement Accounts

You Are Adjusted Gross Income* Best Choice

Single less than \$25,000 Tax Credit

Single \$25,000 to \$30,000 Tax Credit and Dependent Care

Reimbursement Plan offer about the same advantage

Single over \$30,000 Dependent Care Reimbursement Plan

Married less than \$26,000 Tax Credit

Married \$26,000 to \$30,000 Tax Credit and Dependent Care

Reimbursement Plan offer about the same advantage

Married over \$30,000 Dependent Care Reimbursement Plan

Health Care Reimbursement Plan

A Health Care Reimbursement Account lets you pay, using pretax dollars, many medical, dental, or vision care expenses that are not reimbursed through an insurance plan (such as Juggler Toys' health care plans, another group plan provided by your spouse's employer, or an individual insurance policy).

Unreimbursed health care expenses can include deductibles, copayments, and any charges for services or supplies that are not covered by your health care plans (e.g., orthodontia, extra vision care expenses, hearing aids, and charges in excess of reasonable and customary or plan maximums). Furthermore, these expenses can be for you or for any person you claim as a dependent on your federal tax return.

Eligible Expenses

In general, most health care expenses the IRS allows as a tax deduction can be reimbursed through your Health Care Reimbursement Account. Of course, health care expenses reimbursed through the Health Care Reimbursement Account may not be claimed as a deduction on your income tax return.

Ineligible Expenses

Ineligible expenses include any expenses you deduct on your income tax return, any expenses paid by any health care coverage and premiums paid for other health care plan coverage, including premiums paid for health care coverage under a plan maintained by your spouse's employer.

Your Contribution Limit

You can contribute up to \$3,000 a year to your Health Care Reimbursement Account, regardless of your marital or income tax filing status. There is a \$10 minimum per pay period.

Pretax Reimbursement Accounts

How to File Claims for Reimbursement Accounts

You can submit requests for reimbursement of dependent care or health care expenses as they incur. You will only be reimbursed for those expenses actually incurred during the calendar year. Expenses are incurred when the services that generate the expenses are provided and not when you are billed for the services. To receive reimbursement, simply complete the necessary claim form and mail it, along with proof of the expense and the amount of this expense—such as itemized bills and Explanation of Benefits (EOB) forms—to the Reimbursement Account Plan Administrator. Preprinted envelopes are available from Human Resources.

Be sure to provide all the information requested on the claim form and attach it to your itemized bill or receipt. (Also be sure to keep copies of the documentation you provide.) All forms must be completed in full. If a claim form is missing information, it will be returned to you for completion, which could delay your reimbursement.

The Plan Administrator processes reimbursements semimonthly and will send checks directly to you. Remember, you have until March 31 of the following year to submit any remaining expenses incurred in the prior calendar year.

Dependent Care Reimbursement Account Claims

To receive a reimbursement from your Dependent Care Reimbursement Account, you'll need to submit a Dependent Care Account claim form. You may submit claim forms at any time. However, claims will be processed on the 1st and 15th of each month. Generally, you'll receive your reimbursement check within two weeks of these dates.

If your account balance is not high enough to cover your full claim, you will receive whatever balance is available. Subsequent payments will be sent automatically as future contributions to your account (yours and Juggler Toys') are made. Instead of attaching a bill or receipt to the claim form, you may have your provider sign the claim form showing you have paid for the services. If you are eligible for a contribution from Juggler Toys, you must indicate whether the services were for a dependent under age 13. This material should be sent directly to the claims office. Preprinted claim forms and envelopes are available from Human Resources.

The amount of your reimbursement and Juggler Toys' contribution for the year must be reported to the IRS on your W-2 Form. This is solely for the purpose of reporting to the IRS and does not mean the amount is taxable to you. You must include the provider's name, address, and Social Security or Taxpayer Identification Number on your tax return to avoid having the amount of your reimbursement included in your taxable income.