



## Dependent Care/Elder Care Spending Account Claim Form

### Employee Information

Employer Name

Name

Date of Birth

Employee ID Number

Street Address ( New Address)

City

State

Zip Code

Contact Information (Phone or Email)

### Dependent Care Expenses (See reverse side for instructions)

Dependent Name	Date of Birth	Relation	Provider of Service	Provider's Tax ID	Service Dates From To	Amount of Expense	Suffix (office use)
						\$	
						\$	
						\$	
						\$	
						\$	
<i>Provider must complete the below portion if you are not attaching an Itemized bill as proper documentation. Photocopies of claim forms will not be accepted as proper documentation</i>						<b>TOTAL</b>	\$

**Date(s) of Service Rendered:**  
From:                      To:

**Total Amount Billed:**

\$

**SSN or Tax I.D. #**

**Provider's Address**

**PROVIDER SIGNATURE:**

**Total Expenses:**

### Authorization

To the best of my knowledge and belief, my statements in this request for reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year for my legal dependent(s). Please note that domestic partners and their children are not eligible unless they are also legal dependents. I certify that these expenses have not previously been reimbursed, nor will they be reimbursed under any other benefit plan and will not be claimed as an income tax deduction. If there is a discrepancy between the total amount of expenses requested above and the total amount of the attached receipts, I will be reimbursed according to the total amount of eligible expenses on the attached receipts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## How to File a Dependent Care Spending Account Claim

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- **Step One**
  - Complete the Employee Information Section of the claim form.
- **Step Two**
  - Complete the section titled Dependent Care Expenses applicable to the type of dependent care provider. Please remember to include the provider's tax ID # or SSN. *This section must be completed and signed by your Provider with each submission if you are not attaching an itemized bill.* Photocopies of claim forms will not be accepted.
- **Step Three**
  - Sign and date the section titled Authorization
- **Step Four**
  - **Attach supporting documentation.** This must include an itemized bill and proof of payment if your provider does not complete the provider section on the claim form.
    - **Acceptable supporting documentation includes:**
      - Name and address of the day care provider
      - Tax ID Number or Social Security Number of day care provider
      - Dates of services for which you are being charged
      - Provider Signature
      - Amount you are being charged
- **Step Five**
  - Retain copies of the entire claim form and supporting documentation for your records. Documents submitted will not be returned to you.
- **Step Six**
  - Fax the fully completed Dependent Care Spending Account Claim Form and supporting documentation (if applicable) to fax number 800 595-4642.
  - The forms and supporting documentation may also be mailed to:

**Spending Account Service Center  
FSA Claims Processing  
2300 Renaissance Boulevard  
King of Prussia, PA 19406**

*\*Please file your claim promptly, within the plan year in which charges were incurred, if possible. It is not necessary to accumulate your claims and submit only at year-end. Promptly submitting claims allows additional information to be requested of you as soon as possible.*

Please visit [www.EnrollOnline.com](http://www.EnrollOnline.com)<sup>™</sup> to view your claim and check status. Access information is provided on your Welcome Letter.

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**Note:** Any items for which you are reimbursed through your Dependent Care Spending Account cannot be claimed for credits on your Federal Income Tax Return.

For more information on eligible expense under your Dependent Care Spending Account, please refer to IRS Publication 503 or the Eligible Expense Guide. Both of which can be found on [www.EnrollOnline.com](http://www.EnrollOnline.com).

**For questions regarding Dependent Care Spending Accounts, please contact us at 800-580-6854.**