Spending Account Service Center

PO Box 350
Conshohocken PA 19428

Dependent Care Flexible Spending Account Claim Form

Employee Information

Employer Name			
Name	Date of Birth	Employee ID Number	
Street Address	City	State	Zip Code

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)
						$	
						$	
						$	
						$	
						$	
Provider must complete the below portion if you are not attaching an Itemized bill or receipt as proper documentation. Photocopies of claim forms will not be accepted as proper documentation					TOTAL	**$**	

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.

Employee Signature: _____ Date: _____

How to File a Dependent Care Flexible Spending Account Claim

- **Step One**
  - Complete the **Employee Information** section of the claim form.
- **Step Two**
  - Complete the **Dependent Care Expenses** section of the claim form.

  - Attach supporting documentation. This must include an itemized bill or receipt and proof of payment if your provider does not complete the provider information of 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
- Amount you are being charged
- Provider Signature

- **Step Three**
  - Sign and date the **Authorization** section of the claim form.

- **Step Four**
  - Retain copies of the claim form and supporting documentation for your records. Documents submitted will not be returned to you.

- **Step Five**
  - Send the completed claim form and supporting documentation to:

Spending Account Service Center
FSA Claims Processing
PO Box 350
Conshohocken PA 19428
Fax number: 1-800-595-4642

Please file your claim promptly, within the plan year in which charges were incurred. It is not necessary to accumulate your claims and submit only at year-end. That way, if additional information is needed, it can be requested as soon as possible.

Please visit your spending account portal or access your account with the mobile application to view your claim and check reimbursement status.

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

For more information on eligible expenses under your Dependent Care Flexible Spending Account, please refer to IRS Publication 503 or the Dependent Care Flexible Spending Account Eligible Expense List. Both of which can be found at the Spending Account Service Center.

For questions regarding your Dependent Care Flexible Spending Account, please reference the spending account portal, your mobile application, or your benefit materials.