

IMPORTANT NOTES

Please allow 4-5 business days for processing and payment of your claim.

To avoid a delay in processing, please use this form when filing a claim for reimbursement only. **Do not** use this form when submitting receipts for debit card transactions.

Employer: _____

Employee Name: _____ **Participant ID Number:** _____
(Employee ID or Social Security number)

Phone: _____ **E-mail:** _____

Please complete this claim form. Incomplete forms will be returned to you. To expedite your claim, please provide all appropriate information and review the Total Dependent Care Expense amount.

Name of Qualifying Individual	Period Covered		Name and Address of Service Provider	Amount Incurred
	From	To		
			Total Dependent Care Expense Claim(s)	\$
<p><i>Please include copies of receipts from your daycare provider or include the daycare provider's signature. Receipts must show the amount and date(s) the services were provided.</i></p>		<p>By signing below, I certify that the information above regarding the dependent care claim is accurate.</p> <p>Provider's Signature: _____</p>		

Read Carefully: By signing below, I certify the following: 1) The expense(s) for which reimbursement is requested were provided while I was covered under the Plan. 2) The expense(s) were necessary to enable me (and my spouse, if married) to work or look for work. 3) The Qualifying Individual(s) identified above satisfy the requirements to be a "Qualifying Individual", as set forth in the Plan and as otherwise required by Internal Revenue Code (IRC) Section 21. 4) The dependent care expenses have not been reimbursed from any other source, nor will reimbursement be sought from any other source. 5) All information provided above is complete and accurate and failure to provide complete and accurate information may result in adverse tax consequences.

Employee Signature _____
Date

Mail the claim form and copies of your receipts to: Benefit Strategies, LLC, PO Box 3910, Manchester, NH 03105-3910, or fax to: 401-457-7266 for toll free fax: 800-796-4971.

Eligibility guidelines

1. The Dependent Care Account allows you to pay for eligible childcare or eldercare expenses - provided either inside or outside of your home - that were necessary to enable you (and your spouse, if married) to work or look for work.
2. The person providing the dependent care service must not be a parent of the child, a child of yours under age 19, or a dependent for whom you will be entitled to a personal exemption on your federal income tax return.
3. The Dependent Care Account is not prefunded. Therefore, you must have sufficient funds in your Dependent Care account to cover the payment amount you are requesting.
4. Expenses must be incurred on or after your effective date for the plan year and before the end of the plan year (or grace period, if adopted by the employer). In accordance with Internal Revenue Service (IRS) rules, reimbursements will not be made until the services have been provided.

What expenses qualify

1. The receipts submitted must be for preschool or daycare expenses, before and after school programs, day camp, elder care expenses or care of disabled dependents.
2. The individual being cared for must be a "Qualifying Individual." Generally, a Qualifying Individual is one of the following:
 - A "qualifying child" (as defined by Internal Revenue Code Section 152(a)(1)) who is under the age of 13 and who resides with you for more than half of the year; or
 - A legal spouse or tax "dependent" (as defined generally in Code Section 21) who is incapacitated and who resides with you for more than half of the year.

Contact your tax or legal counsel if you have questions regarding the definition of "dependent" for purposes of Code Section 21.

Please note: The above eligibility and expense guidelines are intended for informational purposes only. For a description of how your plan works, please refer to the Summary Plan Description (SPD). The information contained in the SPD takes precedent over the guidelines in this form.

How to file a claim

- Complete the top portion of the claim form by filling in the employee's name and participant ID number (employee ID or Social Security number).
- In the claims section, complete all information for each amount requested for reimbursement.
- Sign and date the claim form.
- Attach a copy of a receipt, bill, or written statement from the daycare provider that supports each reimbursement request and shows the amount and date the services were provided. Or, have the daycare provider sign the claim form in the Provider's Signature box.
- Cancelled checks, credit card slips or statements showing only a balance due are **not** accepted as valid receipts.
- Mail or fax the claim form and copies of your receipts to:

Benefit Strategies, LLC.
PO Box 3910
Manchester, NH 03105-3910
Fax: (401) 457-7266
Toll free fax: 800-796-4971

Important Tax Filing Information

You will be required to provide the name, address and taxpayer ID number (TIN) or, if no TIN, the Social Security number of the dependent care provider on your federal income tax return. If you plan to claim a federal Dependent Care Credit on your tax returns, you must first deduct the amount you were reimbursed through your Dependent Care FSA account this year.