

Dependent Care Claim Form

COMPAN	IY/EMPLO	YER:								
EMPLOYEE NAME (LAST, FIRST, MI): SOCIAL SECURITY NUMBER XXX - XX -									NUMBER:	
ADDRESS:						CITY:	STATE: ZIP CODE:		:	
PHONE:		IL ADDRESS			'					
PLEASE (CHECK IF	THE ADDRESS ABO	VE IS A NEW ADDRE	ESS:						
PLEASE F	READ THE	REIMBURSEMENT A	CCOUNT RULES AN	ND CLAIM FILI	NG INS	TRUCTIONS BEFORE	ЕСОМР	LETING THIS I	FORM.	
DATE OF SERVIC		DEPENDENT NAME	DEPENDENT DEPENDENT DOB PROVIDER N						VIDER TAX /SS#	CLAIM AMOUN
			/ /							\$
			//							\$
			//							\$
			//							\$
			//							\$
			//							\$
			//							\$
			//							\$
			//							\$
			//							\$
										\$
AEEIDAV	IT OF DED	ENDENT CARE SERV	VICES DENDEDED							
		ult/child care for the		endent for tho	se date	s and expenses ide	ntified 1	or reimburse	ment above.	
SIGNATURE OF CARE GIVER (Provider's may sign the affidavit to certify the amount and date of expenses incurred, if no receipt is available): DATE:										
EMDI OVE	EE'S CEDT	IFICATION FOR REIM	IDLIDSEMENT							
I certify t were not Plans. I (c return. I h providers	that the ex reimburs or we) will hereby aut	penses for reimburs ed by any other plan not use the expensi thorize your compar ent care providers, p ursement under my	sement requested to the best of the best o	f my knowledg gh this accoul tives to obtair yers, and all o	e and b nt as de neces	pelief, are eligible for eductions or credits sary information fro	reimbu when fi om all ph	irsement und ling my (our) nysicians, hos	er my Reimbur individual inco spitals, medical	sement me tax service
		nowingly and with or claim containing								
EMPLOYEE SIGNATURE DATE:										

Account Rules and Claim Filing Instructions

Claim Filing Instructions

- 1. To be reimbursed, complete all information on the claim form for each expenses being requested, including the provider's information.
- 2. Attach receipts or bills if no signature is obtained from the provider. BANK STATEMENTS OR COPIES OF CHECKS WILL NOT BE ACCEPTED AS RECEIPTS.
- 3. Sign and date the reimbursement request claim form, certifying the expenses are eligible and duplicate reimbursements will not be sought elsewhere (including Federal income taxes).
- 4. Make a photocopy of the claim for your records. Submitted claim forms or receipts will not be returned.
- 5. Submit the reimbursement claim according to the procedures provided.

Rules for Dependent Care Accounts

- 1. A claim cannot be submitted unless you are participating in the Cafeteria Plan.
- 2. Reimbursements will only be made for eligible expenses occurring during the coverage period in which your contributions are made.
- 3. Submit a claim at any time during the plan year and for a specified period after the plan year as described in the Summary Plan Description.
- 4. If you terminate employment, submit a claim for a specified period after the date of termination if so stated in the Summary Plan Description as long as the service occurred before your date of termination.
- 5. IRS rules stipulate that any money left in the your account(s) after all reimbursements for the plan year have been processed cannot be carried forward or returned. Money in one account cannot be used for expenses incurred in another account. For instance, any unused amounts left in the medical account cannot be used to reimburse dependent care expenses.
- 6. Payment cannot be received from any other source for expenses reimbursed by claim, and you certify that you are not eligible to bill any other source for the reimbursed expenses.
- 7. Expenses you have received reimbursement for cannot be claimed for income tax purposes.
- 8. You can use a Dependent Care Spending Account only if you pay dependent day care expenses to be able to work. Your daycare services can take place either inside or outside of your home. If you are married, your spouse must also work, go to school full time, or be incapable of self-care for you to be eligible.
- 9. Only (a) dependents under the age of thirteen or (b) dependent adults or children thirteen years or older who are mentally or physically incapable of self-care are covered.
- 10. Your Maximum Contribution Amount cannot be more than the smaller of (a) or (b).
 - a. Your income or your spouse's income, whichever is smaller. If your spouse is a full-time student or incapable of self-care, your spouse is considered to earn \$2,400 per year with one dependent or \$4,800 per year with two or more dependents.
 - b. \$5,000 per year if your tax filing status is married filing jointly and or single head of household or \$2,500 per year if your tax filing status is 'married filing separately.
- 11. You cannot claim expenses if the service provider is your child or stepchild and is under the age of 19 or if you claim the service provider as a dependent for Federal income tax purposes.
- 12. The maximum amount you can be reimbursed during the time you are covered in the Plan Year cannot exceed the salary reduction amounts you have elected and made under the Dependent Care Assistance Plan less any previous reimbursements paid.

Internal Revenue Service Publication 502 lists the eligible tax-free expenses. An Eligible expense means any item for which you could have claimed a medical expense deduction on an itemized Federal income tax return (except insurance premiums, long-term care and other similar charges) and is not eligible under your medical or any other source. You or your dependents while participating in the plan must incur the expenses.