CLAIM FSA

EMPLOYEE INFORMATION

Employee Name:

Company:

Last Four Digits of Social Security #:

Employee Address:

Has your address changed? Yes: No:

DEPENDENT CARE EXPENSES

	Service Start Date mm/dd/yyyy	Service End Date mm/dd/yyyy	Recurring Frequency F YX L M Z N O U I M Z	Service Provider Tax ID# or SS#	Service Provider Name and Address	Dependent's Name	Age	Amount
1.								
2.								
3.								

Total Dependent Care Expenses Requested

I provided the dependent care as stated above * G B S F D V S S J O H D M B J N J T T F M F D U F E * B U U F T U U P Q S P W

GUIDELINES FOR CLAIMS SUBMISSION

THE INTERNAL REVENUE CODE PROVIDES THE FOLLOWING GUIDANCE

MEDICAL REIMBURSEMENT

The best receipt is an Explanation of Benefits from your insurance company.
If other receipts are submitted, they must show the following:

- Who rendered the service (name and address).
- What type of service was rendered.
- Date Service was provided, not billing or due date.
- Amount of Charge
- Any insurance payment, if applicable.

$BODFMFE DIFDLT, DSFEJU DBSE SFDFJQUT BSF OPU BDDFQUBCMF BT UIFZ EP OPU TIPX XIBU TFSWJDF XBT SFOEFSFE. h#BMBODF GPSXBSE" TUBUFNFOUT BSF BMTP OPU BDDFQUBCMF BT UIFZ EP OPU TIPX UIF EBUF PG TFSWJDF.

3FDFJQUT GPS NFEJDBM FYQFOTFT XIJDI IBWF CFFO SFJNCVSTFE

/05&* OPSEFS UP QSPDFTT ZPVS DMBJN, QMFBTF JODMVEF B DPQZ PG UIF SFDFJQU. 5IJT JODMVEFT IPUFM BOE USBWFM FYQFOTFT.

OVER-THE-COUNTER (OTC) ITEMS

Receipts must show the following information:

- When and Who Sold the product (date, name, and address).
- Type of OTC purchased. Must show product or brand name.
- Amount of charge.

/05&: 7FSZ DMBJN SFRVJSFT B QSFTDSJQUJPO PS MFUUFS PG NFEJDBM OFDFTTJUZ FBDI NVTU CF JODMVEFE XJUI UIF DMBJN GPSN BT TVCTUBOUJBUJPO

MILEAGE REIMBURSEMENT

Mileage incurred to and from your home or office to receive medical care is reimbursable through the FSA at the rate of $ 0.1 per mile. If rate has changed, amount will be adjusted at processing. Mile claim must include substantiation. (i.e. provider invoice, receipt, ect.)

DEPENDENT CARE REIMBURSEMENT

All receipts must show the following information:

- Who rendered the service (name and address).
- What type of service was rendered.
- Date of original service, not a billing date.
- Amount of charge.
- Federal ID number (facility) or social security number (individual)

If your daycare facility does not provide a copy of a valid receipt, then you may have the provider sign off on this claim form attesting to the validity of these charges. Canceled checks and credit card slips are not allowable receipts.

RECURRING EXPENSE