

FLEXIBLE BENEFITS PLAN CLAIM FOR REIMBURSEMENT

Your Employer's Name: _____

Your Full Name: _____

Your Social Security Number: _____

CHILD/DEPENDENT DAYCARE EXPENSES

| Mark The Box Describing The Payment Status | Name of Child or Dependent | Dates Daycare Services Provided | | Name, Address and Taxpayer ID Number or Social Security Number of Daycare Provider | Expense Amount \$ |
|--|----------------------------|---------------------------------|----|--|-------------------|
| | | From | To | | |
| <input type="checkbox"/> Paid with Debit Card <input type="checkbox"/> NOT Paid with Debit Card | | | | _____ | \$ |
| | | | | _____ | |
| | | | | _____ | |
| <input type="checkbox"/> Paid with Debit Card <input type="checkbox"/> NOT Paid with Debit Card | | | | _____ | \$ |
| | | | | _____ | |
| | | | | _____ | |
| <input type="checkbox"/> Paid with Debit Card <input type="checkbox"/> NOT Paid with Debit Card | | | | _____ | \$ |
| | | | | _____ | |
| | | | | _____ | |
| <input type="checkbox"/> Paid with Debit Card <input type="checkbox"/> NOT Paid with Debit Card | | | | _____ | \$ |
| | | | | _____ | |
| | | | | _____ | |

NOTE: YOUR CHILD CARE REIMBURSEMENT AMOUNT IS LIMITED TO ANY ACCUMULATED FUNDS WITHHELD FROM YOUR PAYCHECK(S) AS OF THE DATE OF PAYMENT.

Attach Documentation For Every Expense – Incomplete Forms Will Be Rejected – See Back Of Form

I certify that: 1) each of the expenses listed above are for daycare services provided while I was covered under the Dependent Care Flexible Spending Account and, 2) any expenses that I have listed above have been incurred for the care of a qualified dependent during the time that both my spouse and I were either working and/or attending classes as a full-time student. I acknowledge that I am fully responsible for the accuracy and veracity of all information relating to this claim. If an expense for which I am reimbursed is later disallowed by the Internal Revenue Service, I understand that I will be liable for payment of any related income or payroll taxes relating to such improper expense reimbursement.

Employee's Signature _____

Date _____

PLEASE MAKE A COPY OF ALL DOCUMENTATION PRIOR TO SENDING TO ADMIN AMERICA



Fax Claims: 770-992-0723

NEW - Mail Claims:

Admin America
 P.O. Box 1209
 Alpharetta, GA 30009

Email: claims@adminamerica.com

Phone: 770-992-5959 or 1-800-366-2961

24 Hour Account Information:

www.benefitspaymentsystem.com

IMPORTANT INFORMATION ABOUT FILING CLAIMS

ELIGIBLE DEPENDENT CARE EXPENSES

In general, dependent/child care expenses are eligible if all of the following conditions are met.

1. You and your spouse (*if applicable*) must be employed, disabled or be a full time student during the period when daycare services are provided.
2. The child must be under the age of 13 and be your legal dependent for federal income tax purposes.
3. The child must normally spend a minimum of 8 hours a day in your household during the period for which you claim dependent care reimbursement. ***Therefore, no part of an expense for overnight camp is eligible for reimbursement from a dependent care spending account.***
4. The primary purpose of daycare service is for the care of the dependent and not for house cleaning, education or participation in an extra-curricular activity, etc.
5. The daycare provider is not your child under the age of 19 and is not your legal dependent.

CLAIM DOCUMENTATION

The IRS requires that all expenses be substantiated. That is, you must provide documentation that proves the dependent care expenses were incurred during the respective plan year. If you do not attach acceptable documentation, your claim will be returned to you. Below are some of the ways to properly document your expenses according to IRS rules.

Dependent Care Expenses:

- Documentation requires a receipt from your daycare provider that includes: 1) the provider's name, 2) address, 3) federal tax ID number (*or social security number*), 4) signature, 5) dates of care, 6) name of the qualified dependent(s), and 7) the amount paid for daycare services. *If your provider does not provide you with receipts, Admin America has a form that you can fill out and have the daycare provider sign.*
- Cancelled checks will not be accepted as documentation of a dependent care expense.

CLAIM RETURN POLICY

If you submit a claim for an ineligible expense, for a time when you were not enrolled in the plan, with insufficient documentation, etc., Admin America will return the claim to you by mail. We will include an explanation of what modifications (if any) you must make before your claim can be accepted. If we indicate that an adjustment is necessary to make the claim acceptable then make the modification and mail or fax the claim back to Admin America. When we receive your corrected claim, we will include it with the next scheduled processing (if applicable). Reimbursements (if applicable) for corrected claims cannot be processed separately in advance of the regular processing date for your company.

END OF THE YEAR REIMBURSEMENT AND GRACE PERIOD

The timing of your expenses is very important and determines the plan year period from which your expense is reimbursable. For dependent care expenses to be reimbursable from your current year's account, you must incur the expense within the defined plan year period. An expense is considered "incurred" when services are rendered, not when you pay for the services.

Most, but not all, flexible benefit plans allow you up to 90 days after the end of the plan year to submit claim paper work for the prior year. Remember that your expense must have been incurred during the prior plan year in order to be eligible for reimbursement from the prior year's account.

Be sure to consult your summary of the plan to clarify the grace period and to determine the beginning and ending dates for your plan year. Many plans, but not all, function on a calendar year (i.e., January 1 through December 31) basis.

Please feel free to contact Admin America with any questions you may have regarding IRS regulations or how your plan operates.