

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCA)

CLAIM SUBMISSIONS

To complete a Dependent Care Reimbursement request (a claim), you have the following options:

1. Submit a claim form coded “D” for DCA claim and have your provider sign the form.

D <small>Claim Code</small>	1 8/10/16	8/14/16	3 Sally Fields
	Start Date of Service	End Date of Service	Provider
	2 Day care - Day camp - Summer camp Tuition for Preschool - Before/After school program		4 \$400.00
	Description of Service		Claim Amount
	7 Tracey Smith	5 04-0044554	6 <i>Sally Fields</i>
	Person Receiving Service (Required for HRA)	Tax ID (Dependent Care FSA only)	Daycare Provider Signature (Dependent Care FSA only)
	1 COMPLETE FORM		

The claim form must be completed entirely, dated and signed by provider.

- 1** Service Dates (start date and end date)
- 2** Description of Service (daycare, day camp, summer camp, preschool, before/after school program, adult Daycare)
- 3** Provider (the name of the Provider who performed the service)
- 4** Expense amount (the total amount for the service)
- 5** Tax ID # (or social security number)
- 6** Provider Signature
- 7** Person receiving the service (dependent name)

Please remember to sign the bottom of the claim form authorizing HRC to process the claim in your account.

IMPORTANT: You can submit 1 claim form at the beginning of the year for the entire plan year.

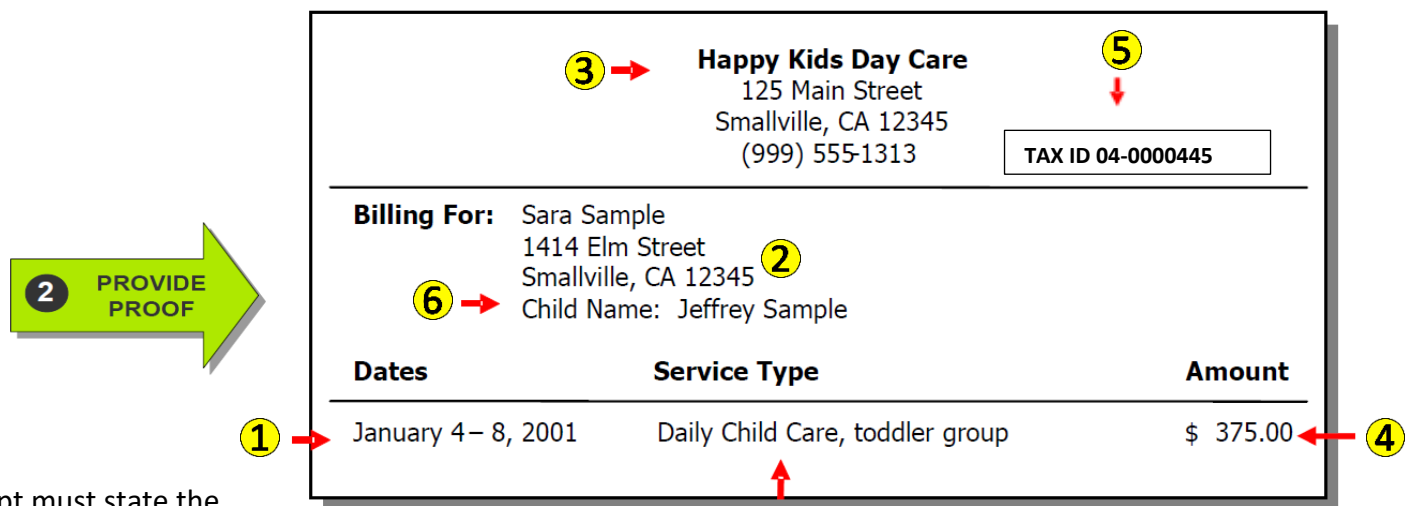
Ex. You pay \$175 a week every week for daycare so you'll submit a claim for \$5,000 at the beginning of the year. You must have same expense each week, month, etc. in order to do this.

2. Submit a claim form coded “D” for DCA claim or file a claim online with an itemized receipt.

You must submit a Universal Claim form coded “D” for DCA claim along with an itemized receipt that provides the information needed for us to process your claim.

When submitting a receipt for a Debit Card transaction the claim form will be coded “S” for substantiation.

Sufficient Substantiation



2 PROVIDE PROOF

3 → **Happy Kids Day Care**
125 Main Street
Smallville, CA 12345
(999) 555-1313

5 ↓ TAX ID 04-0000445

Billing For: Sara Sample
1414 Elm Street **2**
Smallville, CA 12345
6 → Child Name: Jeffrey Sample

Dates	Service Type	Amount
1 → January 4– 8, 2001	Daily Child Care, toddler group	\$ 375.00 4

Receipt must state the following:

- 1** Service Dates (start date and end date)
- 2** Description of Service (daycare, day camp, summer camp, preschool, before/after school program, adult Daycare)
- 3** Provider (the name of the Provider who performed the service)
- 4** Expense amount (the total amount for the service)
- 5** Tax ID # (or social security number)
- 6** Person receiving the service (dependent name)

No additional documentation is required if all 6 items are included on the receipt/documentation from your provider.

TIPS REGARDING SUBSTANTIATION

- If the service description is for a tuition, it must specify the type of tuition. *Ex. Tuition for Preschool*
- Do not forget to print the claim form, sign, and submit via email, mail, or fax along with proper documentation.

Receipt Missing Information

Happy Kids Day Care
 125 Main Street
 Smallville, CA 12345
 (999) 555-1313

 DATE: 01-08-2001 TIME: 05:43PM

 ITEM: 0041 VIS SALE
 ACCT: XXXXXXXXXXXX9876
 AUTH: 9898

 TOTAL: \$375.00

I AGREE TO PAY THE ABOVE AMOUNT
 ACCORDING TO CARD ISSUER AGREEMENT
 (MERCHANT AGREEMENT IF CREDIT VOUCHER)

 x _____

No Date of service

 Only Date of payment

No Description of service

Why Providing Documentation Is Important

The IRS has provided strict requirements stating that expenses reimbursed through a Dependent Care Flexible Spending Account must be substantiated using an itemized receipt or a provider signature. All supporting documentation must reflect the provider name and provider contact information, Tax ID or Social Security number, dependent name, service dates (start date and end date), a description of the service(s) and the expense amount(s). Dependent care claims submitted without proof of expense, cannot be approved for payment, per IRS regulation. If your claim is declined for improper proof of expense, or if the expense is deemed as ineligible, you will be notified by HRC.

Thank you for participating in your pretax Dependent Care Flexible Spending Account. We hope you enjoy your tax savings!

If you should have any questions on your Dependent Care Flexible Spending Account, please contact our Customer Service Department at 603-647-1147 option 1.