

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT CLAIM FORM

This claim form is only for requesting reimbursement for your Flexible Spending Account for dependent care expenses.

No Reimbursement Will Be Given Unless This Form Is Signed Where Indicated.

Employee Name (Please Print) \_\_\_\_\_ Employee ID # \_\_\_\_\_
Campus Address \_\_\_\_\_ Campus Extension \_\_\_\_\_
Dependent Name \_\_\_\_\_ Social Security # \_\_\_\_\_
Date of Birth \_\_\_\_\_ Relationship to Employee \_\_\_\_\_
Name of School \_\_\_\_\_ Full-Time Student? \_\_\_\_\_

RECEIPT(S) FOR DEPENDENT CARE EXPENSES SHOULD BE ATTACHED.

Total amount of reimbursement requested \$ \_\_\_\_\_

\_\_\_\_\_  
Name of Provider

\_\_\_\_\_  
Address of Provider

\_\_\_\_\_  
Taxpayer Identification Number or Social Security Number of Provider

\_\_\_\_\_  
Date of Service: From To

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

- 1. The expenses are either for (i) the care of a qualifying individual (e.g., day care center, nursery school) or (ii) household services attributable to the care of a qualifying individual. (Educational expenses for a child in the first or higher grades are not eligible).
2. A qualifying individual is (i) a child under age 13, if the child is claimed as a deduction on your Federal Income Tax return: (If divorced or legally separated, the requirement that the child be claimed as a deduction does not apply if you have custody of the child for a longer period of time than the other parent); (ii) your spouse, if your spouse cannot physically or mentally take care of himself or herself, and who can be claimed as a deduction on your Federal Income Tax return (or for whom you could claim such a deduction except that the individual has \$1,950 or more gross income).
3. The expenses are for the purpose of allowing you (and, if married, your spouse) to be gainfully employed during the period you have responsibility for a qualifying individual. Payments made to a child of yours under age 19 or to a person you can claim as a dependent on your Federal Income Tax return are not reimbursable expenses.
4. If married, the amount of reimbursable expenses will not exceed the lesser of your earnings or your spouse's earnings for the year. If your spouse is a Full-Time student or cannot physically or mentally take care of himself or herself earnings of \$200 per month (\$400 per month if you have at least 2 qualifying individuals).

I certify that the dependent care expenses being submitted for reimbursement meet the aforementioned requirements. I understand that I am responsible for any tax reporting or other legal requirements with respect to reimbursement expenses, including name, address and taxpayer identification number of the dependent care provider.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE