

DEPENDENT CARE REIMBURSEMENT ACCOUNT CLAIM FORM

COMPANY NAME: _____

EMPLOYEE NAME: _____

ID NUMBER: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

SEND CLAIMS TO:

Group Administrators, Ltd.

Attention: FSA Administration

953 American Lane, Suite 100

Schaumburg, Illinois 60173

Email: fsa@groupadministrators.com

Fax: (847) 519-1979

Telephone: (800) 323-1683

PROVIDER NAME	SERVICE DATES (Start and End Dates) (MM/DD/YY)	DEPENDENT NAME, RELATIONSHIP TO ACCOUNT HOLDER AND TYPE OF SERVICE	OUT OF POCKET COST
		Dependent Name: _____ Relationship to Account Holder: <input type="checkbox"/> Qualifying Child <input type="checkbox"/> Qualifying Relative <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____ Type of Service: <input type="checkbox"/> Child Care <input type="checkbox"/> Pre-School <input type="checkbox"/> Before/After School <input type="checkbox"/> Senior Day Care <input type="checkbox"/> Au Pair <input type="checkbox"/> Summer Day Camp	\$ _____
Signature of Provider: (Replaces the need for other proof of service.)			
		Dependent Name: _____ Relationship to Account Holder: <input type="checkbox"/> Qualifying Child <input type="checkbox"/> Qualifying Relative <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____ Type of Service: <input type="checkbox"/> Child Care <input type="checkbox"/> Pre-School <input type="checkbox"/> Before/After School <input type="checkbox"/> Senior Day Care <input type="checkbox"/> Au Pair <input type="checkbox"/> Summer Day Camp	\$ _____
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Signature of Provider: (Replaces the need for other proof of service.)			

Qualified Dependents Include:

- Dependents under the age of 13 (if care is provided outside your home, dependent must spend at least eight (8) hours per day in your home).
- Incapacitated parent, spouse & child of any age living with you and dependent on you for at least 50% of support.

Qualified Expenses include:

- Those enabling you and your spouse, if applicable, to work.
- Care already received (expenses cannot be reimbursed until after care has actually been provided).
- A licensed daycare facility in one complying with all state laws and providing care for more than six (6) individuals other than those residing in the facility.
- No educational expenses qualify as dependent care, including Kindergarten.
- Overnight camps are not an eligible expense under a Flexible Spending Account.

EMPLOYEE CERTIFICATIONS:

I hereby certify that my request for reimbursement applies to claims for legitimate expenses incurred on the date noted. I will not request reimbursement for these expenses from any other plan, and I will not claim these expenses on my income tax return to the amount that I have available in my account.

SIGNATURE: _____

DATE: _____