

FLEXIBLE SPENDING CLAIM FORM FOR DEPENDENT CARE EXPENSES

TO AVOID DELAY, READ AND COMPLETE THE ENTIRE FORM

PERSONAL INFORMATION (REQUIRED)

Employee name: _____ DMBA ID number: _____

Employer name: _____

Employee address: _____

Home telephone: _____ Work telephone: _____

I certify that the information on this page is accurate and complete. I am requesting reimbursement for work-related dependent care expenses incurred by an eligible dependent (for a child under the age of 13 or other dependents that are physically and mentally incapable of taking care of themselves) while I was a participant in the plan. These services have already been provided and, by requesting reimbursement here, I confirm I have not and will not seek reimbursement of this expense from any other plan or party.

Employee's signature: _____ Date: _____

DEPENDENT CARE (DAY CARE) DOCUMENTATION (REQUIRED)

- Attach an invoice or a copy of the payment to a day care center or to an individual who provides the care. It must include:
 - » Dependent's name
 - » All service dates
 - » Name, address, and tax identification number (or Social Security number) of the organization or the individual providing services
 - » Description of the services provided
- We cannot reimburse you in advance for future or projected dependent care expenses; you may only be reimbursed for expenses you have already incurred.
- Dependent care is care provided for dependents who you claim on your tax return and who are children younger than 13 or who are physically or mentally incapable of self-care and regularly spend at least eight hours a day in your household (this does not mean daily, but frequently, on a regular basis).

YOU MUST SUBMIT THE CORRECT INFORMATION AND SIGN THE FORM ABOVE. OTHERWISE, YOUR CLAIM WILL NOT BE PAID.

ALSO, RECEIPTS SHOULD BE SUBMITTED ON A SEPARATE PIECE OF PAPER.

TOTAL EXPENSES BEING CLAIMED

DEPENDENT CARE SERVICE(S): INCLUDE DEPENDENT'S NAME AND SERVICE DATE			
SERVICE DATE	DEPENDENT NAME	PROVIDER NAME AND TAX ID OR SSN	AMOUNT
TOTAL AMOUNT			

REQUIREMENTS FOR ELIGIBLE DEPENDENT CARE (DAY CARE) EXPENSES

- If the provider takes care of more than six children (not including his/her own), he/she must be licensed by the state.
- Tuition and fees for private school/lessons are not covered (sports, music, etc.).
- Persons providing the dependent care cannot be:
 - » Claimed as a dependent on your income tax return
 - » Claimed as a dependent on your spouse's income tax return
 - » Your child or stepchild younger than 19
 - » Your spouse
- Both parents must be actively employed to be eligible for dependent care claims.

GENERAL INFORMATION

- A signed *Flexible Spending Claim Form* must be submitted with each batch of requests for reimbursement.
- Expenses paid by your Flexible Spending Account(s) cannot be claimed as income tax deductions.
- When you receive your payment, you will also receive an explanation of what has been paid.
- **To access your Flexible Spending Account balance, deposit history, and claims history, visit www.dmba.com.**

SUBMITTING YOUR CLAIM

Send this claim form and any necessary attachments to:

DMBA Flexible Spending
P.O. Box 45530
Salt Lake City, Utah 84145

IF YOU HAVE QUESTIONS

Call DMBA at the appropriate telephone number or visit our website.

Salt Lake City area 801-578-5600
Toll free 800-777-3622
Fax number 801-578-5901
Website www.dmba.com