

# 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: \_\_\_\_\_

Employee email: \_\_\_\_\_ 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](http://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](http://www.dmba.com)