



DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT REQUEST FOR REIMBURSEMENT

Participant Name (Please print: First, MI, Last): _____

Participant ID # (Employee ID # or 8-digit University ID #): _____

Instructions for completing the form:

(Further detailed instructions are on the reverse side of this form)

Attach all supporting documentation with a single staple in the top left hand corner.

Submit forms by campus mail, US mail or by dropping it off personally to University Benefits at 120 USB, Iowa City, IA 52242

Receipts smaller than 8 1/2 x 11 should be taped (not stapled) to a plain sheet of paper with all information visible.

Claim forms that are not complete will be returned to the participant for correction.

IMPORTANT: Be sure to keep copies for your records.

Please PRINT all requested information:

ONE start date, ONE end date, ONE provider name and ALL dependents for whom childcare was provided for on the receipt.

Dates of Care		Dependent Name(s) & Age	Name of Provider	Amount Requested
From:	To:			\$
From:	To:			\$
From:	To:			\$
From:	To:			\$
From:	To:			\$

Total Amount of Reimbursement Requested:

\$

By submitting this claim, I request payment from my Flexible Dependent Care Spending Account for the qualified expense(s) itemized above for an eligible member of my family. I attest that the expense(s) were incurred only for my IRS-eligible dependents during the timeframe in which I participated in the plan. I further attest that I have not received, nor will I receive, reimbursement for these expenses from any other source for these expenses. I understand that any expense for which I am reimbursed may not be used to claim any federal income tax deduction or credit. I also understand that I am responsible for ensuring the expenses are acceptable per the IRS guidelines, and appropriate supporting documentation is provided.

Participant Signature:	Date:
-------------------------------	--------------

To begin reimbursement processing, this form MUST be filled out completely, signed and dated by the participant and submitted with your supporting documentation.

For Office Use Only	The expenses above have been audited, approved for reimbursement in the amount of:	For calendar year:	The approved amount has been entered for reimbursement:

Dependent Care Expenses

- Dependent care expenses qualify if they are for the care of children or other dependents that are physically or mentally incapable of caring for themselves. These expenses must be incurred so that you and your spouse, if married, can work, or your spouse can attend school full time.
- If expenses are for childcare, the child(ren) being cared for must be less than 13 years old (unless physically or mentally unable to care for themselves).
- The person providing the dependent care service must not be a child of yours under age 19 or a dependent for whom you will be entitled to a personal exemption on your federal income tax return.
- Services provided by a childcare or elder care center must comply with all state and local laws to be an eligible reimbursement expense.
- The expenses claimed must be for your IRS dependent or a child for whom you have primary custody.
- Use of Flexible Spending Accounts Funds and Returns
Caution – If money is refunded or returned to an employee from a provider, then the money received by the employee must be returned to the University to be credited back to the employee's Flexible Spending Account. The funds may be used for other appropriate purposes for that year. Failure to return funds to the University in these situations is a violation of University policies and IRS regulations. Abuse of the Flexible Spending Account program will result in disciplinary action against the employee including possible termination, reporting of taxable income to the IRS and/or criminal charges for theft.

Instructions

Type or print the required information. **Incomplete or incorrectly completed forms will delay payment.**

1. **Dates of Care:** Provide the dates for which the service was provided, not billing dates.
2. **Dependent:** Name of dependent receiving the service.
3. **Age:** Age of dependent receiving the service.
4. **Relationship to Employee:** Relationship of the dependent receiving the service (i.e. son, daughter, step-son).
5. **Provider of Services:** Provide the name of the company or individual who has provided the service, the tax ID or SSN of provider.
6. **Amount Requested:** Indicate the amount of the expense eligible for reimbursement. For example, if you paid \$1,000 for your dependent care service and received no funds from another source to help pay the expense, then the entire amount of \$1,000 is eligible for reimbursement. Even if there are not available funds in your account to pay the entire \$1,000, the claim will roll over to the next month and continue to pay out until it is completely reimbursed. The University Benefits Office will reimburse only the amount indicated on your form with proper documentation (see documentation).
7. **Documentation:** After completing the reverse side of this form, attach copies of receipts which prove you have paid the amounts for which you are claiming reimbursement. If you are not providing an official invoice or statement of payment from your provider, we must have a receipt which shows an amount paid, dependent receiving the services, dates of service, and signature of provider, tax ID or SSN of provider.
8. **Signature:** Please sign and date your form. **Un-signed forms will be returned to the employee.**
9. **If submitting a hard copy, tape receipts to an 8.5 x 11 piece of paper. Staple documentation to this form.**
10. Sign and submit claim to the University Benefits Office, 120 University Services Building. PDF or JPG are our preferred format for electronic submissions.

Payments

- Paper claims are generally processed by University Benefits within ten days of receipt. Online claims are generally processed 2-3 days faster. During peak times, processing can take longer due to the volume of claims submitted.
- Reimbursements for claims are made by direct deposit each business day. Typically, funds are available from financial institutions 2-3 business days following the reimbursement process. If the University or banking system is closed for holidays, the payment will be delayed until the next business day.
- Reimbursements are made to the account designated in Employee Self Service. You can set up or view the account on file in your [Employee Self Service](#) site under the Payroll Direct Deposit section.

**For more information and other printable forms, visit the [University Benefits website](#).
Personal account information as well as online FSA submission is available on your [Employee Self Service site](#).**