Annual Dependent Day Care Claim Form

Please complete this claim form ***each plan year*** for your Dependents. If you are unable to provide a receipt, the Provider/Facility is required to complete Section II.

- The individual receiving care must be either a qualifying child or a qualifying relative. (See IRS for definition of dependent.)
- The individual must be under the age of 13 unless he or she is physically or mentally unable to care for himself or herself.
- The expenses must be incurred so that you and your spouse, if married, can work or your spouse can attend school on a full-time basis.
- Child care or elder care centers must comply with all applicable state and local laws in order for dependent care expenses to be reimbursed.
- The annual amount of dependent day care claims cannot exceed your annual deposit amount up to the IRS limit of $5,000.

SECTION I -

Employee Name (Last, First, MI) (Please print) _____

Employer Name (Please print) _____

Facility / Provider Name (Please print) _____

Current FSA Plan Year _____

Dependent Name(s) (Last, First, MI):	DOB:	Start date of Care:	Anticipated end date of Care:	Monthly Cost :
				$
				$
				$
				$
				$

SECTION II –

We currently provide Dependent Day Care Services for the Dependent(s) of: _____.
(Employee Name)

Facility/Provider Name: _____

Facility/Provider Address: _____

Provider Signature: (Required if receipt is not provided) _____

Provider Tax ID/SSN: (Required if receipt is not provided) _____

SECTION III –

PAYMENT AUTHORIZATION

I request payment from my FSA Reimbursement Account for the expenses itemized and attached, and understand that the expenses reimbursed cannot be claimed on my individual income tax return. I certify that the expenses itemized and claimed for reimbursement qualify under the plan rules. I also certify that all of these expenses have not and will not be paid by any other plan or program of any employer or other person. It is my responsibility to maintain documentation in the event of audit. I am responsible for furnishing documentation to ESG in the event of any provider changes or when the standing claim amount changes. ESG has the right to request additional documentation to support this claim at any time.

_____ _____ / _____ / _____
Employee Name (Please Print) Date

_____
Employee Signature

Employee Solutions Group
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