DEPENDENT CARE Flexible Spending Account Request for Reimbursement

SECTION A: Employee Information (please print clearly in ALL CAPITAL letters)

Name: _____ Employee ID: _____
(FIRST NAME LAST NAME) (This may be your SSN or employer assigned number)

Employer: _____

Email: _____ Phone Number: _____

Address: _____
☐ Check here if new address

SECTION B: Claim information and Signature

PLEASE READ CAREFULLY: I certify that the expenses listed below have been incurred by me, my spouse and/or my eligible dependents during the plan year and while I was a participant in the plan. To the best of my knowledge all expenses below are eligible under the plan. I declare that I will not deduct any of the reimbursed Dependent Care expenses listed below from my federal, state or local tax returns.

Total amount of this claim requested: $_____ Number of pages sent (do NOT fax a cover sheet): _____

Participant Signature: _____ **Date**: _____

SECTION C: Dependent Care Claim details (please print clearly in ALL CAPITAL letters)

1.

Period of Dependent Care **FROM DATE:**	**To Date:**	
Provider Name:	**Age of Dependent:**	
If no receipt is available, please have caregiver sign here:	**Amount:**	

2.

Period of Dependent Care **FROM DATE:**	**To Date:**	
Provider Name:	**Age of Dependent:**	
If no receipt is available, please have caregiver sign here:	**Amount:**	

3.

Period of Dependent Care **FROM DATE:**	**To Date:**	
Provider Name:	**Age of Dependent:**	
If no receipt is available, please have caregiver sign here:	**Amount:**	

Total Amount for which I am requesting reimbursement: $_____

FAX THE CLAIM TO:

888-510-4218

or

EMAIL TO: Claims@hfsbenefits.com

If mailing, please keep the originals for your records.

PO Box 1550 · Hunt Valley, MD · 21030-1550

STOP BEFORE SENDING MAKE SURE YOU …

- Complete this form in its entirety. Failure to complete all sections can result in a delay in processing your reimbursement.
- Attach proof of expense (receipt, invoice, etc.) If no receipt is available, the caregiver must sign where indicated.
- **Keep originals** for your records.

STOP BEFORE SENDING MAKE SURE YOU DO NOT…

- Send in cancelled checks or credit card receipts. These are NOT acceptable.
- Fax in your claim multiple times.
- Send in Dependent Care Claims prior to being incurred.

View your account online at www.hfsbenefits.com