SUBMIT CLAIMS TO:

CompLink Cafeteria Plan Services

P.O. Box 227197 Dallas, Texas 75222

Fax: (888) 866-3312 Phone: (866) 279-8385



CompLink

Dependent Care Spending Account Request for Reimbursement

PLEASE READ BEFORE COMPLETING THIS REIMBURSEMENT FORM

- Employee must complete Part 1 Employee Information be sure to indicate if this is a new address
- Complete Part 2 Claim Information in its entirety. Please ensure that your supporting documentation clearly indicates the requested amount
- Check the appropriate box in Part 3 Attach Supporting Documentation.
 - *Acceptable Documentation includes the following: If the provider signs the claim form, additional documentation is not required
 - a.) Itemized Statement, receipt or bill from your day care provider including:
 - Provider Information
 - Dependent name
 - Date(s) of service Itemization of charge(s)

OR

Employee Signature

b.) Signature of the provider

- --When attaching small receipts, we suggest taping them to a standard size sheet of paper
- Please sign and date Part 4 Employee Certification

Eligible expenses include but are not limited to- After-school care of extended day program for a child <13, Au pair for a child <13, babysitter in or out of the home for a child <13, custodial or elder day care expenses of a qualified dependent, disabled spouse or tax dependent day care of a qualified dependent, educational expenses for pre-school / nursery school, FICA / FUTA taxes of the day care provider, nanny day care expenses for a child <13, sick child facility for a child <13, summer day camp for a child <13.

<u>Ineligible expenses</u> include but are not limited to: Assisted living expenses, airfare, living expenses or other fixed costs for a nanny or au pair, gardening services, housekeeping services, kindergarten expenses, nursing home expenses, overnight camp expenses, transportation expenses, meals, registration fees and educational

expenses (tuition). Part 1- Employee Information Employer Name Check here if this is a new address **Employee Name** Social Security Number Street Address (include apartment number) Daytime Phone Number City Zip Code State Part 2- Claim Information Name of Day Care Provider Tax ID Number / SSN Street Address City State Zip Code Dates of Service Through Total Charges \$ Requested Dependent Name Date of Birth Date(s) of Service (MM/DD/YYYY) Amount From: To: From: To: From: To: TOTAL AMOUNT REQUESTED --Continue on an additional page if necessary PART 3 - Provider Certification I certify that the above services have been provided. If the provider signs the claim form, additional documentation is not required My provider has signed the claim form **Provider Signature** Date I have attached itemized receipt(s) or statement(s) from my day care provider Part 4 – Employee Certification I certify that these dependent care expenses were incurred to allow myself and/or my spouse to be employed. I understand that dependent care expenses reimbursed from the Dependent Care Account cannot be claimed for the Child Care Tax Credit on my Federal Income Tax Return. I agree to file IRS Form 2441 with my tax return.

Date