

# Submitting Your Flexible Spending Account Daycare Reimbursement Request Form

It's the tax break you can't afford to ignore—review the instructions to submit your claim!

## Receiving reimbursement is easy!

1. Complete a Daycare Reimbursement Request form.
2. Attach your receipt(s) and itemized documentation for expenses.
3. Please attach **one** receipt or document per “Documentation Page”.
4. Fax the claim form and documentation to Benesyst.



## What are the options for submitting my claim?

Online: [www.benesyst.net](http://www.benesyst.net)

Fax: (800) 310-8279

Mail: Benesyst Claims  
800 Washington Avenue N. 8<sup>th</sup> Floor  
Minneapolis, MN 55401

## *Benesyst Daycare FSA Online Claims Wizard is the easiest way to claim! How?*

- Login to [www.benesyst.net](http://www.benesyst.net).
- Click *View My Personal Flexible Spending Account Information*.
- Scroll down and click on the *Daycare FSA Online Claims Wizard*.
- Follow the easy instructions! You can upload or fax the resulting form and your documentation.

## Helpful tips for faxing your claim:

1. Do not use a highlighter on receipts to be faxed.
2. Always keep a complete copy of your entire claim.
3. Attach one receipt per “Documentation Page.”
4. Be sure to sign and date your claim form.

**Tip:** Please pay attention to the order in which you fax your form and documentation. First, fax the Daycare Reimbursement Request form, *followed* by your supporting documentation. No need to include the instructional pages or a cover sheet. Also, check your fax machine for special sending or receiving instructions.

Make sure to place your claim face up or face down, depending on your fax machine's requirements.

If the form is transmitted upside-down, the fax will be received as a blank page and this will prevent the processing or even acknowledgement of your claim.

Each time you use your account, your balance is automatically updated. Turn around time for a Daycare Reimbursement is **two** business days.

## Why is providing documentation important?

Per IRS Regulations participants enrolled in a Dependent Daycare Flexible Spending Account (FSA) are responsible for providing proper documentation to support their claim for reimbursement. This documentation must include the following information: name of provider, provider tax I.D., dates of care, name and birth date of the dependent, description of care defining the expense as dependent care, and cost of services. Expenses should be itemized by dates of care and not payment dates.

Bank statements, credit card receipts, tuition payment receipts for educational expenses and brochures do not meet IRS substantiation requirements. Please note IRS regulations do not allow us to reimburse for daycare services that have not yet been received.

If an itemized statement is not available, participants can have the provider sign the Dependent Daycare Reimbursement Request form verifying the expenses.

# Submitting Your Flexible Spending Account Daycare Reimbursement Request Form

It's the tax break you can't afford to ignore—review the instructions to submit your claim!

**Flexible Spending Account (FSA) Dependent Care Reimbursement Request**

**Account Holder Information**  
 Participant's Social Security Number: 123-45-6789  
 Participant's Daytime Phone: 555-555-5555  
 Participant's First Name: JOHN  
 Participant's Last Name: DOE  
 Participant's Employer Name: XYZ COMPANY  
 Participant's Email Address: JOHN.DOE@XYZCOMPANY.COM  
 Participant's Dependents Name: JOHN JR, DOE  
 Participant's Signature: X John Doe  
 Date: 01/31/09

**Daycare Provider Information**  
 Name: EXAMPLE  
 Tax ID: 987654321  
 Participant's Signature: X Jane Example  
 Date: 01/30/09

**Expense Information**

From	To	Dependent Date of Birth (MM-DD-YY)	Amount Due for Each Period of Care
01-01-09	01-31-09	01-01-05	800.00
		See Date of Birth Above (one dependent per claim form)	
		See Date of Birth Above (one dependent per claim form)	
		See Date of Birth Above (one dependent per claim form)	
Total Expense			800.00

Please Fax Your Claim To (800) 810-8275  
 Or Mail to: Benesyst Claims, 800 Washington Ave., N. 8th floor,  
 Minneapolis, MN 55401

Copyright Benesyst 2009

Please print or type in all caps. Include your Social Security Number, name, daytime phone, and name of employer.

Be sure to sign and date your claim form.

Provide the tax ID or SSN and name of the daycare provider.

- Please complete one line for consecutive dates of care. Incomplete claim forms may result in claim denial or a request for more information. This form allows you to submit up to four (4) expenses per form.
- Please fill out a new Dependent Daycare claim form for each dependent.
- Incomplete claim forms may result in claim denial or a request for more information. If you have more than four items, please consider the online Daycare Claim Wizard, or please fill out multiple claim forms.
- Confirm all fields are complete and correct, then submit your claim form and supporting documentation to Benesyst.

List the date of birth of the dependent for whom the care was provided.

Fill in the cost of each expense.

## Acceptable documentation

**STATEMENT** 987654321

Example Daycare  
 123 Noman Street  
 Everywhere, NC 55555

John Doe  
 111 Doe Ave.  
 Somewhere, NC 55555

**Amount Due \$800**

Date	Transaction	Amount	Balance
1/31/09	Daycare, Jan 2009	800.00	800.00
2/1/09	Payment	-800.00	0.00

**Amount Due 0.00**

**What's correct:**

- Provider tax I.D., name and contact information
- Dates of care and description of care provided
- Cost of care

## Unacceptable documentation

**STATEMENT** 987654321

Example Daycare  
 123 Noman Street  
 Everywhere, NC 55555

Amount Due: \$800

Date	Transaction	Amount	Balance
1/31/2009		800.00	
2/1/2009	INV #1111	-800.00	0.00

**Amount Due 0.00**

**What's incorrect:**

- No description of care or dates of care are included
- Only the amount paid is shown

# Flexible Spending Account (FSA) Dependent Care Easy Reimbursement Request



## Account Holder Information

(Please print in ALL CAPITAL letters) (i.e. ABCDE)

Participant's Daytime Phone (with Area Code first)

\_\_\_\_-\_\_\_\_-\_\_\_\_

Participant's First Name

\_\_\_\_\_

Participant's Last Name

\_\_\_\_\_

Participant's Employer Name

\_\_\_\_\_

Participant's Email Address \*Automatic Opt in to receive information via email from Benesyst. Your address is kept 100% confidential.

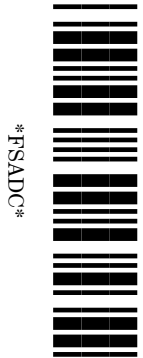
\_\_\_\_\_

Participant's Dependent's Name

\_\_\_\_\_

Participant's Social Security Number \*Failure to provide your SSN may delay processing

\_\_\_\_-\_\_\_\_-\_\_\_\_



Participant's Statement and Signature PLEASE READ CAREFULLY:

I, the undersigned participant in the Plan, certify that all expenses for which reimbursement or payment is requested by submission of this form were incurred during a period while I was covered under the Company's Flexible Spending Account Plan with respect to such expenses and that the expenses have not been reimbursed by any other Flex Account. I, the undersigned, certify that these expenses were incurred by a federally eligible dependent and are expenses permitted under federal law. I fully understand that I alone am responsible for the sufficiency, accuracy and truthfulness of all information relating to this request and that unless an expense for which payment or reimbursement is requested is an eligible expense under the plan and IRS law, I may be liable for payment of all related taxes including federal, state and/or city income tax and penalties on amounts paid from the plan which relate to the taxation of ineligible expenses. A copy or electronic facsimile of this form and all supporting documentation shall be deemed as valid as the original. I certify that the expenses are for the care of my children while my spouse and I (if applicable) are working and the expenses do not include: enrichment classes (i.e. after school, summer, etc.), babysitter who is a dependent, educational expenses, school tuition (including kindergarten), workshops, language lessons, overnight camp, diaper fee, meals, snacks, beverages, activity/supply fees, field trips, (i.e. music, voice, sports, education, etc.) or transportation expenses.

**X** \_\_\_\_\_

Participant's Signature

\_\_\_\_\_ Date

## Daycare Provider Information

Name:

\_\_\_\_\_

**REQUIRED:** Daycare Provider's Tax ID or Social Security Number

\_\_\_\_\_

IF DAYCARE PROVIDER COMPLETES REIMBURSEMENT SECTION AND SIGNS BELOW, SEPARATE BILLING OR RECEIPTS ARE NOT NEEDED

I, the undersigned, certify that I have provided daycare for the participant's dependents as listed above for the periods indicated. The participant is responsible for the cost of these services, which have already have been provided. I further certify that I am not a child of the participant unless I am also (a) not a dependent of the participant and (b) over age 19.

**X** \_\_\_\_\_

Daycare Providers Signature

\_\_\_\_\_ Date

## Expense Information

Dates of Care (Month-Day-Year) (i.e. 01-01-09—01-31-09)		Dependent Date of Birth (Month-Day-Year) (i.e. 01-01-09)	Amount Due for Each Period of Care	
From	To		Dollars	Cents
____-____-____	____-____-____	____-____-____	____.____	
____-____-____	____-____-____	See Date of Birth Above (one dependent per claim form)	____.____	
____-____-____	____-____-____	See Date of Birth Above (one dependent per claim form)	____.____	
____-____-____	____-____-____	See Date of Birth Above (one dependent per claim form)	____.____	
Please Fax Your Claim To (800) 310-8279 Or Mail to: Benesyst Claims, 800 Washington Ave. N 8th floor, Minneapolis, MN 55401			Total Expense → _____	

## Documentation Page

Place Reimbursement Form on Top and Fax to (800) 310-8279.

*Please tape smaller items to the center of this page. Use a new page for each item. If your item is the size of this page, please fax as an individual page. Please make copies of this page as needed.*

---