Dependent Care Flexible Spending Account

How to file a claim:

Online: Log into your benefits portal or use the MyChoice Mobile App to submit your claim electronically

Via email, fax or mail: Fill out your form electronically and submit via email, fax, or mail.

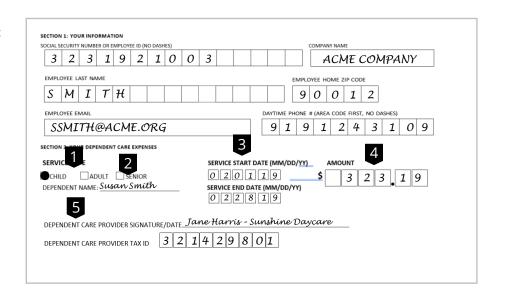- **Email**: claims@mychoiceaccounts.com   **Fax**: 855-883-8542
- **Mail**: MyChoice Accounts, MSC 345475, PO Box 105168, Atlanta, GA 30348-5168

Instructions for filling out this form:

Complete each section completely. If filling out by hand, use black or blue ink and CAPITAL letters.

Use documentation to complete each section of the form.

1 DEPENDENT TYPE

2 DEPENDENT NAME

3 SERVICE START AND END DATE

4 AMOUNT SUBMITTED FOR CLAIM

5 DEPENDENT SIGNATURE *(not required if sufficient documentation is provided)*

SECTION 1: YOUR INFORMATION
SOCIAL SECURITY NUMBER OR EMPLOYEE ID (NO DASHES) — 3 2 3 1 9 2 1 0 0 3
COMPANY NAME — ACME COMPANY
EMPLOYEE LAST NAME — S M I T H
EMPLOYEE HOME ZIP CODE — 9 0 0 1 2
EMPLOYEE EMAIL — SSMITH@ACME.ORG
DAYTIME PHONE # (AREA CODE FIRST, NO DASHES) — 9 1 9 1 2 4 3 1 0 9

SECTION 2: YOUR DEPENDENT CARE EXPENSES
SERVICE TYPE — ●CHILD ☐ADULT ☐SENIOR
DEPENDENT NAME: Susan Smith
SERVICE START DATE (MM/DD/YY) — 0 2 0 1 1 9
AMOUNT — $ 3 2 3 . 1 9
SERVICE END DATE (MM/DD/YY) — 0 2 2 8 1 9
DEPENDENT CARE PROVIDER SIGNATURE/DATE — Jane Harris - Sunshine Daycare
DEPENDENT CARE PROVIDER TAX ID — 3 2 1 4 2 9 8 0 1

To ensure your claim is submitted successfully:

1. Employees can submit dependent care flex spending account claims for the following under IRS Code Section 132
   1. A "qualifying child or dependent" is someone whose principal place of abode is with you; who is under age 13, or
   2. physically/mentally incapable of caring for him/herself and doesn't have income in excess of IRS tax code.

2. Examples of qualifying expenses
   1. Child care services while you are working, such as, preschool or daycare expenses, before and after school programs, day camp, or care of disabled, or senior live in dependents.

3. Be sure to attach a copy of your itemized receipt or documentation that includes:
   1. The date the expense was incurred (not the date paid and no future dates).
   2. The name of service provider
   3. A description of the service and/or expense.
   4. The amount of the expense for which you are responsible.

4. Child / Dependent Care – If your provider can sign and provide tax ID on the request form you will not be required to submit additional documentation.

Please Note: Cancelled checks, credit card receipts, and balance forward statements are NOT acceptable forms of documentation.

Dependent Care Request Reimbursement Form
Use only CAPITAL LETTERS
completely fill in and use only black or blue ink.
Email: claims@mychoiceaccounts.com   **Fax**: 855-883-8542
Mail: MyChoice Accounts, MSC 345475, PO Box 105168, Atlanta, GA 30348-5168

SECTION 1: YOUR INFORMATION

SOCIAL SECURITY NUMBER OR EMPLOYEE ID (NO DASHES)

COMPANY NAME

EMPLOYEE LAST NAME

EMPLOYEE HOME ZIP CODE

EMPLOYEE EMAIL

DAYTIME PHONE # (AREA CODE FIRST, NO DASHES)

SECTION 2: YOUR DEPENDENT CARE EXPENSES

SERVICE TYPE

☐ CHILD   ☐ ADULT   ☐ SENIOR

DEPENDENT NAME: _____

SERVICE START DATE (MM/DD/YY)

SERVICE END DATE (MM/DD/YY)

AMOUNT

$ [ ][ ][ ][ ] . [ ][ ]

SERVICE TYPE

☐ CHILD   ☐ ADULT   ☐ SENIOR

DEPENDENT NAME: _____

SERVICE START DATE (MM/DD/YY)

SERVICE END DATE (MM/DD/YY)

AMOUNT

$ [ ][ ][ ][ ] . [ ][ ]

SERVICE TYPE

☐ CHILD   ☐ ADULT   ☐ SENIOR

DEPENDENT NAME: _____

SERVICE START DATE (MM/DD/YY)

SERVICE END DATE (MM/DD/YY)

AMOUNT

$ [ ][ ][ ][ ] . [ ][ ]

DEPENDENT CARE PROVIDER SIGNATURE/DATE_____

DEPENDENT CARE PROVIDER TAX ID

SECTION 3: CERTIFICATION

By submitting this form, I certify that:
- The information contained within the form is correct and is not a duplicate of a previously submitted request.
- I have not received reimbursement previously for these expenses from my accounts or any other plan and will not seek reimbursement by any other plan
- Any expenses submitted on behalf of dependent, qualifying relative or adult child are in accordance with IRS definitions of dependents, the guidelines for adult dependent children, or my employer's plan.

I understand that:
- Reimbursement is not a guarantee that this payment is tax free.
- Expenses reimbursed through this account cannot be used as a deduction on my personal tax return.

I hereby authorize release of payment from my MyChoice Account. I hereby authorize Businessolver or its representatives to obtain necessary information from my service providers to consider my claim for reimbursement under my MyChoice Account.