Dependent Care Claim Form

EMPLOYEE INFORMATION

Name | Date of Birth | University ID

☐ New Address

Street Address | City | State | Zip Code

Home Telephone (including area code) | Work Telephone (including area code)

DEPENDENT CARE EXPENSES (For services rendered in a licensed Day Care Facility)

Dependent Name	Date of Birth	Relationship	Provider of Service	Provider's Tax ID	Service Dates		Amount of Expense	Suffix (office use)
					From	To		

DEPENDENT CARE EXPENSES (For services rendered in other than a licensed Day Care Facility)

Name and address of provider of service

Relationship to employee | Provider SSN or Tax ID Number

Dependent Name	Date of Birth	Relationship	Service Dates		Amount of Expense	Suffix (office use)
			From	To		
				TOTAL		

AUTHORIZATION

To the best of my knowledge and belief, my statements in this request for reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year for myself and/or my legal dependent(s). I certify that these expenses have not previously been reimbursed, nor will they be reimbursed under any other benefit plan and will not be claimed as an income tax deduction. If there is a discrepancy between the total amount of expenses requested above and the total amount of the attached receipts, I will be reimbursed according to the total amount of eligible expenses on the attached receipts.

Employee Signature _____ Date _____

Filing a Dependent Care Claim Form

1. Please read the Eligibility Requirements for Reimbursement of Dependent Care Expenses listed in your benefits booklet.
2. Complete the Employee Information section of the claim form.
3. Complete the applicable Dependent Care Expenses section. Remember to include the provider's Tax ID Number or SSN.
4. Attach supporting documentation, which must include an itemized bill.
    - -Name and address of the day care provider
    - -Tax ID Number of SSN of day care provider
    - -Dates of services for which you are being charged
    - -Amount you are being charged
    - -**Services will not be reimbursed for advanced payment.** Services must be rendered before reimbursement may be made.
    - -**Payment statements are not sufficient documentation.** The Dates of Service must be listed. Cancelled checks are not sufficient documentation.
5. Retain copies of the entire claim form and supporting documentation for your records. Documents submitted will not be returned to you.
6. Submit the fully completed Dependent Care Claim Form and supporting documentation to Trion:
    - -Fax to 800.291.9629
    - -Mail to TRION
      FSA Claims Processing
      2300 Renaissance Blvd
      King of Prussia, PA 19406

Visit www.EnrollOnline.com to view your claim and check status. Access information is provided on your Welcome Letter.

Note: Any items for which you are reimbursed through your Dependent Care Account cannot be claimed for credits on your Federal Income Tax Return.

For more information on eligible expense under your Dependent Care Spending Account, please refer to US Code: Title 26, Section 129 issued by the Department of the Treasury/Internal Revenue Service, which can be obtained at most public libraries.

For questions regarding Dependent Care Spending Accounts, please contact 866.806.0949.