

FLEXIBLE BENEFITS PLAN CLAIM FOR REIMBURSEMENT

Your Employer's Name: LEE COUNTY BOARD OF COMMISSIONERS

Your Full Name: _____

Your Social Security Number: _____

CHILD/DEPENDENT DAYCARE EXPENSE CLAIMS

Dependent(s) For Whom Expenses Were Incurred: _____

PLEASE LIST EACH DAYCARE EXPENSE ON A SEPARATE LINE IN THE TABLE BELOW. SIGN THE FORM AND ATTACH APPROPRIATE DOCUMENTATION. USE MULTIPLE FORMS AS NEEDED TO RECORD ADDITIONAL EXPENSE ITEMS.

Dates Daycare Services Provided <small>BEGIN DATE TO END DATE</small>	Name, Address & Taxpayer ID or Social Security Number of the Daycare Provider <small>(Complete Information is Required)</small>	Net Daycare Expense Incurred
		\$
		\$
		\$
		\$

NOTE: YOUR CHILD CARE REIMBURSEMENT AMOUNT IS LIMITED TO THE ACCUMULATED FUNDS WITHHELD FROM YOUR PAYCHECK(S) AS OF THE DATE OF PAYMENT.

Attach Documentation For Every Expense – Incomplete Forms Will Be Rejected – See Back Of Form

I certify that: 1) each of the expenses listed above are for daycare services provided while I was covered under the Dependent Care Flexible Spending Account and, 2) any expenses that I have listed above have been incurred for the care of a qualified dependent during the time that both my spouse and I were either working and/or attending classes as a full-time student. I acknowledge that I am fully responsible for the accuracy and veracity of all information relating to this claim. If an expense for which I am reimbursed is later disallowed by the Internal Revenue Service, I understand that I will be liable for payment of any related income or payroll taxes relating to such improper expense reimbursement.

Employee's Signature _____

Date _____



770-992-5959 or 1-800-366-2961

Mail Claims:

Admin America
P.O. Box 1810
Roswell, GA 30077

Fax Claims: 770-992-0723

24 HOUR FLEX ACCOUNT HOTLINE

ATLANTA, GA AREA: 770-992-9854
OUTSIDE ATLANTA, GA: 1-877-992-5959

INTERNET: www.adminamerica.com

IMPORTANT INFORMATION ABOUT FILING CLAIMS

ELIGIBLE DEPENDENT CARE EXPENSES

In general, dependent/child care expenses are eligible if all of the following conditions are met.

1. You and your spouse (if applicable) must be employed, disabled or be a full time student during the period when daycare services are provided.
2. The child must be under the age of 13 and be your legal dependent for federal income tax purposes.
3. The child must normally spend a minimum of 8 hours a day in your household during the period for which you claim dependent care reimbursement. *Therefore, no part of an expense for overnight camp is eligible for reimbursement from a dependent care spending account.*
4. The primary purpose of daycare service is for the care of the dependent and not for house cleaning, education or participation in an extra-curricular activity, etc.
5. The daycare provider is not your child under the age of 19 and is not your legal dependent.

CLAIM DOCUMENTATION

The IRS requires that all expenses be substantiated. That is, you must provide documentation that proves the dependent care expenses were incurred during the respective plan year. If you do not attach acceptable documentation, your claim will be returned to you unpaid. Below are some of the ways to document your expenses according to IRS rules.

Dependent Care Expenses:

- Documentation requires a receipt from your daycare provider that includes: 1) the provider's name, 2) address, 3) federal tax ID number (or social security number), 4) signature, 5) dates of care, 6) name of the dependent, and 7) the amount paid for daycare services. *If your provider does not provide you with receipts, Admin America has a form that you can fill out and have the daycare provider sign.*
- Cancelled checks will not be accepted as documentation of a dependent care expense.

CLAIM RETURN POLICY

If you submit a claim for an ineligible expense, for a time when you were not enrolled in the plan, with insufficient documentation, etc., Admin America will return the claim to you by mail. We will include an explanation of what corrective measures (if any) you must take before your claim can be processed. If we have indicated something you need to do to make the claim reimbursable then make the correction and mail the claim back to Admin America. When we receive your corrected claim it will be included with the next scheduled processing. Your claim cannot be processed separately in advance of the regular processing for your company.

END OF THE YEAR REIMBURSEMENT AND GRACE PERIOD

Your Plan Year ends on January 31 of each year.

The timing of your expenses is very important and determines the Plan Year period from which your expense is reimbursable. For dependent care expenses to be reimbursable from a specific Plan Year's account, you must incur the expense within the defined Plan Year period. An expense is considered "incurred" when services are received, not when you pay for the services.

Your flexible benefit plan allows you up to 90 days after the end of the Plan Year to submit claim documentation for a respective Plan Year's Flexible Spending Account.

Please contact Admin America with any questions you may have regarding how your plan operates.