

**Participant Name:** \_\_\_\_\_  
Please print (First, MI, Last)
**ID#:** \_\_\_\_\_  
(Use Employee ID # or University ID # or Social Security #)

**INSTRUCTIONS:** Please type or print the required information. Attach the appropriate documentation: Explanation of Benefits (EOB), receipts, itemized invoices, or other documents indicating date(s) of service, patient name, name of provider or service, type of service, and amount requested. See page two for details.

**If submitting a hard copy, tape receipts to an 8.5 x 11 piece of paper. Staple documentation to the back of this form. Incomplete or incorrectly completed forms will delay your claim payment.**

Sign and submit claim to the University Benefits Office, 120 University Services Building, Suite 40, OR fax to (319) 335-2776, OR e-mail to [benefits@uiowa.edu](mailto:benefits@uiowa.edu). PDF is our preferred format for electronic submissions (keep the file size below 2 mb).

**Claim forms that are completely and correctly filled out will expedite your claim payment process.**  
**Important!** Be sure to make copies for your records.

	Dates of Care		Dependent	Name of Provider	Amount Requested
	From	To			
1					\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$

**TOTAL AMOUNT OF REIMBURSEMENT REQUESTED** \$

Participant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**(REQUIRED)**

I request payment from my Dependent Care Spending Account for qualified expenses itemized above for an eligible member of my family. I certify that I have not been reimbursed under this Plan or from any other source for these expenses. I certify that I have met all of the requirements for eligible dependent care expenses. I understand that reimbursed expenses cannot be claimed as deductions or be used in calculating a credit on my personal income tax return. I also understand that the Internal Revenue Service may require proof that these are eligible expenses and that I am responsible for providing such proof.

**The deadline for submitting claims for calendar year 2009 is April 30, 2010.  
Any remaining funds in your account as of May 1, 2010 are forfeited.**

**OFFICE USE ONLY**

The expenses itemized above have been reviewed and processed for payment.

\_\_\_\_\_  
 Initials/Date [08-845]

## Dependent Care Expenses

- Dependent care expenses qualify if they are for the care of children or other dependents that are physically or mentally incapable of caring for themselves. These expenses must be incurred so that you and your spouse, if married, can work, or your spouse can attend school full time.
- If expenses are for childcare, the child(ren) being cared for must be less than 13 years old (unless physically or mentally unable to care for themselves).
- The person providing the dependent care service must not be a child of yours under age 19 or a dependent for whom you will be entitled to a personal exemption on your federal income tax return.
- Services provided by a childcare or elder care center must comply with all state and local laws to be an eligible reimbursement expense.
- The expenses claimed must be for your IRS dependent or a child for whom you have primary custody.
- Use of Flexible Spending Accounts Funds and Returns  
Caution – If money is refunded or returned to an employee from a provider, then the money received by the employee must be returned to the University to be credited back to the employee's Flexible Spending Account. The funds may be used for other appropriate purposes for that year. Failure to return funds to the University in these situations is a violation of University policies and IRS regulations. Abuse of the Flexible Spending Account program will result in disciplinary action against the employee including possible termination, reporting of taxable income to the IRS and/or criminal charges for theft.

## Instructions

Type or print the required information. **Incomplete or incorrectly completed forms will delay payment.**

1. **Dates of Care:** Provide the dates for which the service was provided, not billing dates.
2. **Dependent:** Name of dependent receiving the service.
3. **Age:** Age of dependent receiving the service.
4. **Relationship to Employee:** Relationship of the dependent receiving the service (i.e. son, daughter, step-son).
5. **Provider of Services:** Provide the name of the company or individual who has provided the service.
6. **Amount Requested:** Indicate the amount of the expense eligible for reimbursement. For example, if you paid \$1,000 for your dependent care service and received no funds from another source to help pay the expense, then the entire amount of \$1,000 is eligible for reimbursement. Even if there are not available funds in your account to pay the entire \$1,000, the claim will roll over to the next month and continue to pay out until it is completely reimbursed. The University Benefits Office will reimburse only the amount indicated on your form with proper documentation (see documentation).
7. **Documentation:** After completing the reverse side of this form, attach copies of receipts which prove you have paid the amounts for which you are claiming reimbursement. If you are not providing an official invoice or statement of payment from your provider, we must have a receipt which shows an amount paid, dependent receiving the services, dates of service, and signature of provider.
8. **Signature:** Please sign and date your form. **Un-signed forms will be returned to the employee.**
9. **If submitting a hard copy, tape receipts to an 8.5 x 11 piece of paper. Staple documentation to this form.**
10. Sign and submit claim to the University Benefits Office, 120 University Services Building, Suite 40 OR fax to (319) 335-2776, OR e-mail to [benefits@uiowa.edu](mailto:benefits@uiowa.edu). PDF is our preferred format for electronic submissions (keep the file size below 2 mb).

## Payments

- Claims are generally processed by the University Benefits Office within seven to ten (7 to 10) days of receipt.
- If there are problems with the documentation attached, reimbursement will take longer. We pay direct deposit claims daily, but because of claim volume, we cannot guarantee claims received on a certain day will be processed on that day's payment cycle. In addition, if the University or banking system is closed for holidays, the payment will be delayed to the next appropriate business day.
- Your spending account reimbursements will be direct deposited to the same institution and account where your monthly payroll check is deposited. If you wish, you may use a different institution and/or account for your spending account(s) payment. You can make that change in the University Employee Self Service site under the Payroll Direct Deposit section: <https://hris.uiowa.edu/> or by filling out the following paper form at <http://www.uiowa.edu/hr/payroll/forms/ddfpbt.pdf> and submitting it to the Payroll Office at 120 University Services Building, Suite 30.

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Visit: [www.uiowa.edu/hr/benefits/fsa.html](http://www.uiowa.edu/hr/benefits/fsa.html) to learn more and for printable forms.

Personal account information is available on the Employee Self Service Site: <http://hris.uiowa.edu/>.

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