

Flexible Spending Dependent Care Claim Form



IMPORTANT NOTE: This form **MUST** be completed to receive reimbursement from your Dependent Care Spending Account. Appropriate documentation is required and includes itemized daycare receipts indicating dates incurred with a signature by the daycare provider.

All claims must be incurred during the plan year; prepayment for future dates of service is prohibited. Processing time could be delayed if proper documentation is not provided. Requests for reimbursement will be paid according to the total dollars available in your account. Cancelled checks and credit card receipts are not acceptable documentation.

Reminder: Dependent care expenses are reimbursable if the expenses are incurred to allow the employee and the employee's spouse to be gainfully employed. Generally, expenses incurred while an employee is on a leave of absence are not reimbursable. Dependents must be under age 13 or disabled in order to qualify for dependent care reimbursement.

EMPLOYEE INFORMATION	
Name: _____	SSN#/ID Number: _____
Street: _____	Phone: (____) _____
City: _____	State: _____ Zip: _____
Employer: _____	

Dependent Care Expenses					
Dates of Service		Dependent's Name & Age	Amount of Services	Provider's Name & Address	Provider's Tax ID Number
From:	To:				

Grand Total: _____

PROVIDER CERTIFICATION (This section can be completed by your daycare provider if receipts are not provided.)	
I certify that these Dependent Care expenses were incurred by the above named participant.	
Provider Address: Street _____	City _____ State _____ Zip _____
Provider's Signature: _____ Date: _____	

EMPLOYEE CERTIFICATION	
<i>I, the undersigned, certify that the above expenses were incurred by my eligible dependent(s) and have been incurred within the period of coverage during the plan year. The above expenses have been paid by me (or my spouse), were not reimbursed by any other plan and, to the best of my knowledge and belief, are eligible for reimbursement under my FLEX account. I understand that I cannot use the expenses reimbursed through this FLEX account as deductions or credits when filing my income tax return. If audited, I understand that it is my responsibility (not my employer's) to provide written proof that these expenses were actually incurred and eligible for reimbursement.</i>	
Employee Signature: _____	Date: _____
<i>Unsigned claim forms will not be considered for reimbursement.</i>	



Dependent Care Spending Account Reimbursement Guidelines

Contact Information: Sioux Valley Health Plan Flexible Benefits Department
PO Box 91110
Sioux Falls SD 57109-1110
Phone: 605-328-6810
Fax: 605-328-7207
E-mail: flex@siouxvalley.org
Online Inquiry: www.svhp.com

Submitting Dependent Care Expense Claim Forms for Reimbursements: To request a dependent care expense reimbursement, the participant must complete and submit the appropriate claim form along with proper documentation to Sioux Valley Health Plan. Claim forms can be found on www.svhp.com. Photocopies of daycare receipts are acceptable, but must be legible and dates of service must be listed. Future dates of services will not be paid until the service has been incurred. Dependent care spending account reimbursements are paid only up to the balance existing in the dependent care spending account at the time of the claim. Dependent care spending accounts are for daycare expenses incurred to allow you/your spouse to work. If you are not at work and incur daycare expenses, those expenses cannot be reimbursed (i.e., leave of absence, babysitting). *Please note: A dependent must be under age 13 and able to be claimed as a dependent on your income tax return in order to be eligible for dependent care expenses.*

Adds/Changes/Terminations: Election amounts and enrolled spouse/dependents will stay in effect throughout the plan year, unless a qualified life event occurs. If a qualified life event occurs, Sioux Valley Health Plan must be informed within 30 days of the qualified life event in order for eligibility changes/election changes to occur. All eligibility changes/election changes must be consistent with the qualified life event.
