Dependent Care Flexible Spending Account Claim Form

PLEASE PRINT

Name _____ Social Security # _____

Address _____ Employer _____

_____ Daytime Phone _____

☐ Please check box for change of address

Instructions for requesting reimbursement

- Complete this form, making sure that it is signed and dated below.
- Attach supporting documentation. **Documentation must show nature and amount of expense plus date incurred. Documentation will not be returned; therefore, it is advised that you keep copies of your submissions.**
- If your dependent care provider does not have a formal billing process, you may use the Verification of Dependent Care Expenses on the back of this form.
- **Payments will be made directly to you; they cannot be assigned to the provider of services.**

Dates of service	Amount of Expense	Description: Include name and relationship of child or other dependent for whom services were provided
to		
to		
to		
to		
to		
to		
Total		

I request payment from my Dependent Care Reimbursement Account for the above expenses. To the best of my knowledge, these expenses are eligible under the plan (see reverse side). I certify that they have not been reimbursed and that I will not seek reimbursement from another source. I further certify that my spouse (if married) is employed, actively seeking employment, is a full-time student for at least five months of the year, or is incapable of caring for himself or herself. I understand that these expenses may not be claimed as an income tax deduction or for an income tax credit.

Signature _____ Date _____

Attach supporting documentation and return to:

Mail to: **LD&B Benefits Administrators**
205-C South Liberty Street
Harrisonburg, VA 22801

Fax to: **(866) 292-8331**
Phone support: **(540) 437-1425**, **(877) 532-5478** M – F 8:00 – 5:00 EST
Secure upload at: **www.LDBbenefitsadmin.com**

Dependent Care Expenses

Dependent care expenses that allow you (and your spouse if you are married) to be gainfully employed are eligible. Note that if you (or your spouse if you are married) are not employed, you must either be actively seeking employment or be a full-time student in order to claim dependent care expenses. Care that is primarily for medical or an educational (i.e. kindergarten) purpose is not eligible.

Eligible Dependents

- Dependent children under age 13
- A spouse or other dependent who is incapable of caring for himself or herself and whose principal residence is your home

Care Providers

- If care is provided outside the home in a "dependent care center," the center must comply with all applicable laws and regulations of the state (or unit of local government) in which located. A "dependent care center" is a facility that provides care for more than six nonresident individuals, and receives a fee, payment, or grant for providing such services.

- Care can also be provided outside the home if the provider cares for fewer than seven nonresident individuals. In this situation, compliance with applicable laws and regulations of the state (or unit of local government) is not required.

- The employee's dependents and children of the employee under age 19 are not eligible dependent care providers.

For more information on eligible dependent care expenses, see IRS publication 503, "Child and Dependent Care Credit," available from your local IRS office.

The maximum reimbursement from this plan and any other dependent care plan for which you may be eligible is $5,000 per year ($2,500 if you are married filing separately). Reimbursement is further limited to the "earned" income of the lower earning spouse. In general, earned income means income from employment such as wages, salaries, and tips. If your spouse is a full-time student or incapable of caring for himself or herself, you may assume an earned income of $200 per month for one qualifying dependent or $400 per month for two or more qualifying dependents.

Contributions can be used only for reimbursement of expenses incurred during that plan year starting on your participation date. Expenses are incurred on the date services are provided. Any balance in your account after the claim submission cut-off date for a plan year will be forfeited. Dependent care expenses reimbursed through the plan cannot be applied toward the dependent care tax credit. Maximum expenses for the tax credit calculation are reduced, dollar for dollar, by the amount of expenses reimbursed through this plan.

PLEASE NOTE: Inappropriate, unacceptable documentation includes cancelled checks, balance forward or balance due receipts, and payment on account receipts that do not include date range of rendered services.

Verification of Dependent Care Expenses

(To be completed by provider of dependent care services if they don't provide a bill or receipt; please print.)

Provider Name _____ Tax I.D. # _____
(or social security #)

Provider Address _____

I certify the dates of service and amount of expenses for dependent care described on the reverse side.

Provider Signature _____ Date _____