

Dependent Care Expense Claim For Reimbursement

Employer			
Name		Social Security #	
Name of Depender	nt(s) Period Covered From To		Amount Incurred
			•
			-
			-
			-
			-
		TOTAL DEPENDENT CARE EXPENSE CLAIM	
have been incurred	by the Plan participant for s		
*Signature of Provide	er of Service ———————ovider is required only if	receipts are not submitted.	A
spouse (If your spouse is e (1) child or dependent, and	ther a full-time student or is incapable of	eriod must not exceed the lesser of your earned income for the plan year or the earne taking care of himself or herself, then he or she is deemed to have monthly earnings ryment may be made under the Plan if the service provider is your dependent for fede	of \$200 if there is one
	V.		
READ CAREFULL The undersigned p	articipant in the Plan certifies	that all expenses for which reimbursement or payment is c	laimed by
Spending Account not reimbursable ur for the sufficiency, that unless an experimental undersigned may be	with respect to such expense nder any other FSA account. accuracy, and veracity of all ense for which payment or re	period while the undersigned was covered under the Employes and that the dependent care expenses have not been reing and that the dependent care expenses have not been reing the undersigned fully understands that he or she alone is the information relating to this claim which is provided by the unimbursement is claimed is a proper expense under the Planated taxes including federal, state, or city income tax on among the content of the provided which is a proper expense under the planated taxes including federal, state, or city income tax on among the provided which is a proper expense.	mbursed or are fully responsible and notes that the full that is the full that the ful
Emplovee's Signat	ure	Date	
p.0,0000.igilat			
	Please mail completed form and required documentation to:	Rose and Kiernan, inc. Flex Department P.O. Box 640 East Greenbush, NY 12061	

Read Carefully

CLAIM FILING INSTRUCTIONS

Who Can File a Claim Form

- > Only employees participating in the FSA Plan can file a reimbursement claim form.
- > Employees can file a claim form during the plan year and for a certain period after the plan year as described in the Summary Plan Description.
- > Terminated employees can file a claim form for a certain period after the date of termination if allowed by the Plan. Please see your Summary Plan Description.

What Expenses Can be Claimed

- > Only expenses incurred during the plan year can be claimed for reimbursement. Each year is treated separately and the year of claim is the year the expense was actually incurred by the participant. It is imperative to send separate claim forms for each year.
- > Terminated employees can request reimbursement for expenses incurred during the time period for which contributions were received. Please see your Summary Plan Description.
- > Allowable expenses are the same as those allowed for tax purposes. A summary list is provided here for your convenience.

Qualifying Dependent Care Expenses

- > Expenses paid to a dependent care center or care provider
- > Expenses paid for the care of a dependent under age 13
- > Expenses paid for care of other dependents who are physically or mentally incapable of caring for themselves.

Completion of the Claim Form

- > Complete all information on the claim form for each amount claimed for reimbursement.
- > Make sure the claim does not include items for more than one plan year. Use different claim forms for different years.
- You must sign and date the claim form.
- > Attach a copy of a bill, invoice, or other written statement from a third party which supports each reimbursement request on 8.5" X 11" paper.
- > If the Signature of Provider of Service is provided on the claim form, receipts are not required.

Complete the Reimbursement Claim Log

> Enter the total amount of each claim in this log.

How to Request Changes in Plan Participation

> Revocation of participation in the Plan can only occur if you have a change in family status. "Change of family status" includes birth, death, marriage, divorce, change of employment by the spouse, or certain other situations as determined by the Plan Administrator.