

Dependent Care Claim Form Instructions

(Do not fax or mail this instruction page)

Options: *Please use option 1 for faster reimbursement*

- 1. Use a Smartphone:** Download the mobile App "Via Benefits Accounts" on your iOS/ Android Smartphone. Take picture of your receipt and enter the claim detail and submit your reimbursement request.
- 2. Online:** Log in to your account at viabenefitsaccounts.com Submit your claim online and attach the image or scanned copy of your receipt.
- 3. Fax or Mail:** Enter the claim online, then print the online fax cover sheet and submit the cover sheet and receipt through Fax or Mail. Otherwise complete and sign this claim form attaching the copy of your receipt and submit through Fax or Mail.

Fax: 813-387-0744

Mail: Accounts Customer Care

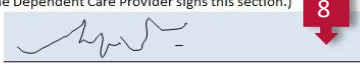
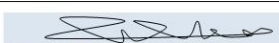
PO Box 25172, Lehigh Valley, PA 18002-5172

-- Please make sure that you fax or mail the claim form and the related supporting documentation together. The claim form should be the first page in the stack of pages that you fax.

Instructions:

- Please print or write in capital letters, with the letters centered in the boxes
- Complete all information of "Your Information"- Section 1
- Use your documentation to complete "Your Expenses"- Section 2 of the form, including the following:

1. Choose your expense type from the list
 2. Enter date of birth of the dependent
 3. Write dependent name
 4. Enter Tax ID or SSN of your service provider
 5. Write the care provider name
 6. Enter service start & end date
 7. Enter the requested amount
 8. You don't need to send documentation if your service provider signs here.
- Read the certification of Section 3 and then Sign and date the form

SECTION 1: YOUR INFORMATION (Please use CAPITAL LETTERS)		
Participant ID or UMI	Employer or Group Name	
1 2 3 4 5 6 7 8 9 0 1 2 3	ABC GROUP	
Participant Last Name	Participant First Name	
D O E	J O H N	
Participant Email	Daytime Phone Number with Area Code	
JOHN_DOE@EMAIL.COM	1 1 1 2 2 2 3 3 3 3	
SECTION 2: YOUR EXPENSES (Please use CAPITAL LETTERS)		
Expenses 1		
Expense Code (see below)	Dependent Date of Birth (MMDDYYYY)	Dependent Name
5 0 2 ← 1	0 3 1 5 2 0 1 1 ← 2	T O M D O E ← 3
Child Care: 501 = Licensed Day Care 502 = Day Care ← 1	Provider Tax ID or SSN (NO Dashes)	Provider Name
503 = Pre-School 504 = Day Camp Adult Care: 601 = Licensed Day Care 602 = Day Care	9 8 7 6 5 4 3 2 1 ← 4	X Y Z A F T E R S C H O O L C A R E ← 5
	Service Start Date (MMDDYY)	Service End Date (MMDDYY)
	0 4 0 1 1 4 ← 6	0 4 3 0 1 4 ← 6
	Amount (\$)	4 5 0 0 0 ← 7
PROVIDER AFFIDAVIT: I hereby certify that the above Dependent Care charges have been incurred. (Receipts are not required if the Dependent Care Provider signs this section.)		
PROVIDER'S SIGNATURE:		DATE: 5/20/2014 ← 8
SECTION 3: SELF CERTIFICATION		
EMPLOYEE SIGNATURE:*		DATE: 5/25/2014
*Your signature is required in order to process your claim for reimbursement		

Acceptable Supporting Documentation:



- Provider signature in the provider affidavit section of this claim form OR
- Copy of itemized receipts of your dependent care expenses. Receipt must show:
 - Name of the care provider
 - Tax ID number or Social Security Number of the care provider
 - Date of services for which you are being charged
 - Amount you are being charged
 - Include your dependent's name

Unacceptable Supporting Documentation:



- Credit or debit card receipt, canceled checks or other payment statements are not considered acceptable evidence
- Original receipts or supporting documentation. Keep originals for yourself and send copies.

Notes:

In general, and subject to the rules of your employer's plan, the following rules apply to dependent care expenses:

- The individual receiving the care must be a child under the age of 13 or other dependents who are physically or mentally incapable of caring for themselves
- The expenses must be incurred so that you and your spouse, if married, can work or your spouse can attend school on a full-time basis
- Services provided by a child care or elder care center must comply with all state and local laws to be eligible for payment
- You can be reimbursed only for services that have been received

