

# BENECON

## Dependent Care Request for Reimbursement

Employer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Fill out form completely, including signature, and return with appropriate documentation. Incomplete and unsigned claims will be denied. Notifications will be sent via email for claim confirmation, payment notification, and denial letters. Please refer to your consumer portal for your available balance.

| Dependent Care Account Reimbursement Expenses |   |               |                 |                  |
|---|---|---------------|-----------------|------------------|
| Service Dates                                 | Dependent Name and Relationship to Account Holder | Provider Name | Type of Service | Amount Requested |
|   |   |               |                 | \$               |
|   |   |               |                 | \$               |
|   |   |               |                 | \$               |
| Total Amount Requested                        |   |               |                 | \$               |

### Employee Statement

I certify that the expenses listed above have been incurred by my eligible dependent(s) and qualify for reimbursement. I have not and will not be reimbursed through another plan or party. I understand that reimbursement is not a guarantee that this payment is tax free. I hereby authorize payment of these expenses from my Dependent Care Account.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Please return completed and signed form, along with documentation, to:  
The Benecon Group, CDH Services  
PO Box 5406  
Lancaster, PA 17606-5406  
Fax (888) 965-3629  
CDHServices@benecon.com

## **Dependent Care Reimbursement**

- An eligible dependent is any dependent who is less than 13 years old and your dependent under federal income tax rules. An eligible dependent may also include your mentally or physically impair spouse or a dependent who is incapable of caring for him or herself. The dependent must spend at least eight hours per day in your home.
- The services must be incurred to enable you, or you and your spouse to be employed.
- The amount to be reimbursed must not be greater than your income or the combined income of an employee and spouse, whichever is lower.
- The services may be provided inside or outside your home, but not by someone who is your minor child or dependent for income tax purposes (for example, an older child).
- Services must be for the physical care of the child, not for education, meals, etc.
- If the services are provided by a day-care facility that cares for six or more children at the same time, it must be a qualified day-care center.

## **Dependent Care Expenses that are Eligible**

Allowable Dependent Care expenses include payments to the following when the expenses enable you to work:

- Child care centers
- Caregivers for a disabled dependent or spouse who lives with you
- Family day care providers
- Baby-sitters
- Nursery schools
- Household services, provided that a portion of these expenses are for a qualifying dependent incurred to ensure the dependent's well-being and maintenance

## **Dependent Care Expenses that are not Eligible**

- Dependent care expenses that are provided to one of your dependents by a family member, unless the family member is age 19 or over by the end of the year and will not be claimed as a dependent.
- Expenses for food and clothing
- Education expenses from kindergarten on, such as private school fees
- Health care expenses for your dependents
- Overnight camps

## **Tips for Documentation**

- Canceled or copies of checks and credit card receipts are not valid documentation
- Be sure that the documentation contains the following:
  - Service Dates (start & end date)
  - Dependent Name
  - Dependent's relationship to Account Holder
  - Provider Name
  - Type of Service
  - Amount Requested

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