



# State of Florida Dependent Care FSA Claim Reimbursement Form



## INSTRUCTIONS

Use this form to request reimbursement from your **Dependent Care FSA only**. Please provide a copy of your receipt / invoice OR have your daycare provider sign this form where indicated.

## ENROLLEE (PRIMARY ACCOUNT HOLDER) INFORMATION (PLEASE PRINT)

This information is for claims processing purposes only. Please go to [PeopleFirst.MyFlorida.com](http://PeopleFirst.MyFlorida.com) to make any changes to your profile information.

Last Name	Primary Phone ( ) -
First Name	Secondary Phone ( ) -
People First ID	Date of Birth (mm/dd/yyyy) / /
Street Address	
City	State ZIP

Please provide the following information:

DEPENDENT NAME	RELATIONSHIP TO ENROLLEE	DATE OF BIRTH
		/ /
		/ /
		/ /

## REIMBURSEMENT REQUEST (PLEASE PRINT)

For qualifying child care, dependent care and elder care services the following information is REQUIRED: Business name, dates of service, the expense amount, and either a receipt/bill OR your provider's signature below.

**DEPENDENT CARE FSA ONLY.** This form is not to be used for Healthcare FSA or HRA claim reimbursement requests.

<b>DATE RANGE OF SERVICES</b>	From / / through / /	<b>TOTAL Dependent Care Reimbursement Request</b>  <b>\$ _____</b> <b>(REQUIRED)</b>
<b>DESCRIPTION</b> (Provider is the business or name)		
<b>Dependent Care Provider's Signature:</b>	<b>Date</b> / /	

## CLAIM CERTIFICATION

I certify these expenses for which reimbursement is requested on my Dependent Care FSA have been incurred by me, my spouse or my eligible dependent(s) and are not payable by any other benefit plan/program. I will not claim credit for these expenses on my individual income tax return.

<b>Enrollee Signature</b> (Required)	<b>Date</b> / /
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## SEND THIS FORM WITH A COPY OF YOUR RECEIPTS TO CHARD SNYDER (DO NOT SEND ORIGINAL RECEIPTS)

Please submit this form with the required documentation using one of the methods listed to the right.

- Fax:** 888.245.8452 (Please DO NOT include a fax cover page.)
- Mail:** 6867 Cintas Boulevard, Mason, OH 45040

# State of Florida Dependent Care FSA Claim Reimbursement Form Instructions

1. **Complete all information** on the front page (please print/type).
2. **Attach supporting documentation OR have daycare provider sign this form.** If you include receipts, *do not highlight any part of your receipt.* Be sure to keep your original receipts, bills, etc., for your records. All receipts are destroyed daily. Each claim request must include the following information to be eligible for reimbursement:

- Original date of service (not the date of payment)
- Description of service performed (refer to list of eligible expenses to identify valid services)
- Provider's name and address
- Amount charged to you (do not include amounts reimbursed or paid by another source)

*Note: Cancelled checks are acceptable as proof of payment for daycare expenses.*

3. **You MUST sign and date** the CLAIM CERTIFICATION section on the front of this page.
4. **Fax or mail** this form and supporting documentation directly to Chard Snyder:

- Fax:** 888.245.8452 (Please DO NOT include a fax cover page.)
- Mail:** 6867 Cintas Boulevard, Mason, OH 45040

5. If you have questions please contact us:

- Call Customer Service:** 855.824.9284
- Visit our website:** [PeopleFirst.MyFlorida.com](http://PeopleFirst.MyFlorida.com)
- Email your questions:** [FloridaAskPenny@chard-snyder.com](mailto:FloridaAskPenny@chard-snyder.com) For security reasons, please do not send claims or personal information through email.

6. **Important reminders:**

All requests are saved as electronic images. To ensure your claim is processed as soon as possible and to avoid delays, keep the following in mind:

- Do NOT use a fax cover page when faxing.
- Do NOT highlight any part of your receipts, bills, etc.
- Only send copies of receipts, bills, etc. (Keep your originals.)
- Multiple receipts should be totaled on one claim form.
- Payments are issued after receipt and processing, subject to claim approval.
- Dependent care claims may only be reimbursed for up to the amount you have in your account at the time of your claim. If your claim is for more than the balance in your account, the rest of your claim will be paid when the balance is sufficient to cover the claim.

Other considerations:

- Any items for which you are reimbursed cannot be claimed again as deductions or credits on your individual tax return at the end of the tax year.
- You may only be reimbursed for eligible expenses incurred during the current plan year and grace period.
- Payment will be made directly to you. Payments cannot be made to a provider or another person unless you submit claims online.