HealthSmart™
SMARTER HEALTHCARE SOLUTIONS

Dependent Care Assistance Plan (DCAP) Request For Reimbursement Form

Please mail completed form to:
HealthSmart Benefit Solutions ■ P.O. Box 99004 ■ Anchorage, AK 99509-9904 ■ Toll free 877.517.6370T ■ Fax 877.587.4434

Employee's Information

Employee's Name (First, Initial, Last) | Employee's Social Security Number

Employee's Daytime Telephone Number

Address Change: O Yes O No | Address | City | State | ZIP

Company Name | Group Number

Please Complete List Of Expenses and Services Provided For Sections below.

List Of Expenses (Attach bills, itemized receipts, or other evidence of expenses)

Date Incurred	Payment Made To	Amount
		$
		$
		$
		$
		$

Total Reimbursable Expenses $

Provider's Social Security or Federal Tax Identification Number

Services Provided For

Name	Date of Birth	Relationship

I certify that the expenses listed above have been incurred by me or my dependents, during this plan year, paid by me, and qualify for reimbursement (see back of form for a description of eligible expenses). I certify that these expenses are not reimbursable through any other plan of another employer. I also understand these expenses no longer qualify as tax credits. The paid bills and itemized receipts are attached.

Authorized Signature

Employee's Signature | Date

Instructions For Filing A Claim

1. A signed receipt from the provider of the dependent care service is required for reimbursement from your Dependent Care Reimbursement Account.
2. Please make copies of the claim form, receipts, and bills for your records.
3. Mail the completed form and attachments to the address below.

Description Of Eligible Expenses

Dependent care expenses are expenses incurred to enable you to work. If you are married, your spouse must either be 1) in the workforce, 2) a full-time student, or 3) incapable of self-care. The maximum amount you can be reimbursed cannot be greater than the income of either you or your spouse, up to a maximum of $5,000. For example, if your spouse earns $4,000 a year, you cannot be reimbursed for more than $4,000. If your spouse is a full-time student or is incapable of self-care, his or her annual income is assumed to be $2,400 for one dependent and $4,800 for two or more dependents.

According to IRS rules, if the dependent is under age 13, you must be able to claim an exemption on your Federal Income Tax return for the child. If the dependent is age 13 or older, the individual must be your dependent for Federal Income Tax purposes (or could have been your dependent, except that the person has a gross annual income of $1,040 or more during the year), and must be physically or mentally incapable of self-care.

Some examples of covered dependent care expenses are listed below:

- Amounts paid to a child care center, babysitter, or nurse.
- Amounts paid for services performed outside your home for the care of your dependent or spouse. If the care is for a dependent who is age 13 or older, or for your spouse, the person must spend at least eight (8) hours each day in your home.
- The full amount paid to a nursery school, even though the school provides lunch and educational services.
- Amounts paid to a maid or cook, if part of the services are provided to a person who qualifies for dependent care.
- Amounts paid to a relative, who provides dependent care services, provided you do not claim a dependency exemption for the relative, and the relative is not your child or stepchild who is under age 19 at the end of the year.

Some examples of expenses that are not covered are listed below:

- The cost of food, clothing, and education.
- The cost of transportation between your house and the place where dependent care services are provided.
- The cost of a child care center that provides care for more than six (6) non-residents, but does not comply with all applicable state and local laws.
- Expenses for which a Federal Dependent Care Tax Credit is taken.

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