

# ProcessWorks, Inc. Flexible Spending Account - Dependent Day Care Claim Form

Claim Form for dependent day care, after-school care, day camp, and pre-school (not kindergarten) expenses.

To expedite your reimbursement, fax this Claim Form and supporting documentation toll-free to 1-800-760-3727. This Claim Form serves as the cover page.

**Complete when faxing:**

# of pages \_\_\_\_\_

Daytime e-mail or phone # \_\_\_\_\_

## 1. General Claim Information (Also complete sections 2 and 3 below)

This claim is a (fill-in one)     New Claim     Resubmission     eClaim Documentation     Debit Card Documentation

Employee Soc Sec / ID: \_\_\_\_\_

**TOTAL REQUESTED REIMBURSEMENT AMOUNT**

Employee Signature: \_\_\_\_\_

\$ \_\_\_\_\_

DCA Claim

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I certify that I have not been reimbursed for these expenses from this Plan, nor have they or will they be reimbursed by any other source. I further certify that the information I provide on this form is correct and that I have read and agree to the Additional Employee Certification items listed on the back of this Claim Form.

## 2. Participant Information (please print)

\_\_\_\_\_  
Last Name                      First Name                      MI                      Employer

\_\_\_\_\_  
E-mail Address                      Providing your e-mail address will help us communicate with you easier. ProcessWorks will not share, rent or trade your e-mail address.

## 3. Expense Information (please print)

Complete the following information for each claim expense item you have incurred for the care of a qualifying dependent. In order for the expense to be eligible for reimbursement, both parents must be gainfully employed and/or attending schooling at the time the care was provided. Please have each provider sign in the Provider Signature area below. If your provider is unable to sign, you may instead attach a bill or receipt showing the dates of care (not necessarily the same date the provider was paid).

	Dates of Care	Dependent Name	Dependent Age	Amount
1.	____/____/____ to ____/____/____	_____	_____	\$ _____
2.	____/____/____ to ____/____/____	_____	_____	\$ _____
3.	____/____/____ to ____/____/____	_____	_____	\$ _____
4.	____/____/____ to ____/____/____	_____	_____	\$ _____

**Provider Information:** List the dependent care providers used for the above expenses.

	Provider Name	Provider Signature	Tax ID or Soc. Sec. #
1.	_____	_____	_____
2.	_____	_____	_____

## 4. Submitting Your Claim

You must complete sections 1, 2 and 3 above. Review back of form for helpful **Faxing and Mailing Tips** and other important information on how to successfully file a claim. Failure to complete all sections of this form or to attach sufficient claim documentation will delay your reimbursement. Keep copies of your claim. If you require a copy of a submitted claim from ProcessWorks, a \$25 fee may apply.

**Send Claim Form and supporting expense documentation to ProcessWorks, Inc.:**

**Toll-Free Claims Fax:** 1-800-760-3727 (Claim Form serves as the cover page)

**Mailing Address:** P.O. Box 2490, Brookfield, WI 53008-2490



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the right source to outsource™

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**Questions? Visit ProcessWorks on the web or call 1-888-868-2492 (262-827-7030 Milwaukee metro area)**

To submit your claim online, view complete account history, review list of eligible expenses, obtain additional forms, and other helpful information visit

[www.myprocessworks.com](http://www.myprocessworks.com)

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**Important Claims Submission Information**  
**Please Do NOT Fax or Mail This Page**

**Definition of "Incurred"**

The term "incurred" used throughout this form refers to the date your eligible dependent is provided the dependent care services. This date could be different than the date you are billed or pay for the services. By IRS regulations, the date the service is incurred determines the plan year in which it is considered for reimbursement.

**Additional Employee Certification**

I certify the expenses for which I am claiming:

- ◆ Were incurred by me for the care of my eligible dependent(s) under the age of 13 or for my dependent or spouse 13 years of age or older who is physically or mentally unable to care for him/herself.
- ◆ Were provided by a provider other than another dependent living in the same household (for example, care was not provided by an older child to watch a younger child).
- ◆ Were incurred during a plan year in which I and/or my dependent(s) were covered under this Plan.
- ◆ Will not be claimed as a deduction or credit on any personal income tax return.
- ◆ Are eligible according to the terms of the Plan. If I've received a reimbursement for expenses later found ineligible, I will be responsible for taxes or penalties arising from the ineligible expenses.

I understand that:

- ◆ ProcessWorks may scan my claim and expense documentation and store them as digital images. My original claim and expense documentation may be destroyed by ProcessWorks within a reasonable time period after receipt.

**Faxing and Mailing Tips**

To receive the fastest possible reimbursement, submit your claim online at [www.myprocessworks.com](http://www.myprocessworks.com). If you do not have Internet access you can submit your claim for FREE using our toll-free fax line. You can also mail your claim; however, you may experience slower reimbursements due to mailing delays. Faxed or mailed claims require up to two business days for review.

**Fax Tips – Submit your claim for free via toll-free fax**

- ✓ Complete claim form using a dark pen (do not use a pencil).
- ✓ If your documentation is printed on dark paper, copy it onto lighter paper prior to faxing.
- ✓ **Do not mail originals.**

**Mailing Tips**

- ✓ **Do not staple.**
- ✓ If you have small receipts, neatly tape them to an 8 ½" by 11" sheet of paper.

Faxed or mailed claims cannot be verified until up to two business days after receiving your faxed or mailed claims. To receive automatic notification of received claims and/or payments via e-mail, sign up for *eStatus Alerts* at [www.myprocessworks.com](http://www.myprocessworks.com).

**Helpful Hints on How to Successfully File a Claim**

- ✓ The documentation must clearly list the date the care was incurred, provider name and your portion of the charge for the care.
- ✓ **Canceled checks, 'balance forward' statements, 'previous balance' statements, 'paid on account' statements or receipts, charge card receipts, or charge card statements are not acceptable forms of expense documentation according to the IRS as they do not clearly indicate the date of care.**
- ✓ Fully complete the Claim Form.
- ✓ Claims incurred during the plan year may be submitted at any time throughout the plan year or during the "run-off period". The run-off period is the additional length of the time following the end of the plan year to submit claims. Your plan may also allow a "grace period". The grace period is the additional time to incur expenses after the plan year ends. Claims incurred during the grace period will be paid from any remaining balance you have from the preceding plan year before being reimbursed from the current plan year. Check your Summary Plan Description (SPD) or with your Human Resource Department to see if the grace period is available to you.
- ✓ All expenses must be incurred prior to being considered for reimbursement. If the expense has not been incurred it will be sent back to you without reimbursement.
- ✓ Keep copies of your claim. You can submit *legible* photocopies of your expense documentation to ProcessWorks. If you require a copy of a submitted claim from ProcessWorks, a \$25 fee will apply.
- ✓ Log onto [www.myprocessworks.com](http://www.myprocessworks.com) to download a list of example reimbursable expenses.

**Some Expenses that are NOT Eligible For Reimbursement**

- ◆ Overnight camp
- ◆ Meals
- ◆ Transportation costs
- ◆ Kindergarten expenses
- ◆ Care for children age 13 or over, unless physically or mentally unable to care for themselves

**Definitions**

**Dates of Care** – The date the care was provided or given/incurred. This date could be different than the date you are billed or the date you pay for the expense.

**Dependent Name / Dependent Age** – Name and age of qualifying dependent under the age of 13.

**Amount Requested** – The amount of the expense you are responsible for paying.

**Total Requested Reimbursement Amount** – The total of all "Amount Requested" expense line items.

**Provider Name** – Name of day care facility or individual who is authorized to provide care for your dependent(s).

**Provider Tax ID or Soc. Sec. #** - Tax ID number of the day care facility or social security number of the individual providing care.



ProcessWorks, Inc.  
P.O. Box 2490  
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