



# DEPENDENT CARE ACCOUNT

## How to File a Claim for Approval

### Claim Filing Options

- **File claim online:** Log into your account at [www.wageworks.com](http://www.wageworks.com) to submit your claim electronically.
- **File claim via fax or mail:** Claim details may be entered online and a completed form may be printed and faxed or mailed with documentation. Fax: 877-355-9236, US Mail: CLAIMS ADMINISTRATOR, P.O. Box 14053, Lexington, KY, 40512

### Instructions to fill out this form:

- Complete ALL account holder information. Please give your employer name without abbreviation.
- Use your documentation to complete each section of the form, including the following items:
  - 1 Provider Name
  - 2 Service Date(s)
  - 3 Dependent Name and Relationship to Account Holder
  - 4 Type of Service
  - 5 Amount Billed
  - 6 Provider Signature, *is not required*, but can replace need for other proof of service

ACCOUNT HOLDER:		Last Name		First Name	
SMITH				JOHN	
Employer Name: JONES ERAH THICS					
ID Number: 5421		PIN Code: 10013		<small>IC Code: The last 4 digits of your Social Security Number (your Employer ID Number on your W-2 form) are used for a claim completion. Please ensure the employment information provided for each dependent name only need from about 2/18/03.</small>	
1 PROVIDER NAME	2 SERVICE DATE	3 DEPENDENT NAME	4 RELATIONSHIP AS TYPE OF	5 ACCOUNT HOLDER	6 OUT-OF-POCKET
SUNSHINE DR <small>Signature of SP provider (Required this field for other proof of service)</small> <i>Marta Sanchez</i>	01/03/08	DAVID	Spouse	SUNSHINE DR <small>Signature of SP provider (Required this field for other proof of service)</small> <i>David Sanchez</i>	\$ 115.00
DAVIS DAYCARE <small>Signature of SP provider (Required this field for other proof of service)</small> <i>Davis Robinson</i>	01/07/08	DAVID	Spouse	SUNSHINE DR <small>Signature of SP provider (Required this field for other proof of service)</small> <i>David Sanchez</i>	\$ 135.00

### Tips for Claim Submission

- Dependent care expenses can not be paid to anyone who is your child or stepchild under the age of 19 and claimed as a dependent on your tax returns.
- A dependent is defined as someone who spends at least 3 hours a day in your home and is one of the following:
  - Tax dependent child under the age of 13 for whom you have custody more than half of the year.
  - Dependent that is physically or mentally incapable of self care, regardless of age.
- Only submit claims for eligible expenses. Extended overnight camps, kindergarten or higher-grade tuition, non work related day care or long-term care services are not eligible expenses. The only expenses considered eligible are those that are incurred while you or your spouse are working, looking for work, or attending school full time.

### Tips for Documentation

- Ensure that the documentation is legible.
- Cancelled or copies of checks and credit card receipts do not contain all required pieces of information needed to approve your expense, and are not acceptable for submission.
- If multiple pieces of documentation are attached, please circle the dollar amount that is being claimed on each piece of documentation.
- The use of a highlighter causes items to not be legible on the documentation; highlighter use is not recommended.
- At the end of the tax year, you are required to provide the IRS with the provider name, address and Tax ID # on Tax Form 2441 in order to obtain the tax advantage for these expenses.

### Tips for Faxing

- Do not use a cover page when faxing the claim form and documentation.
- Please allow 2 business days from receipt of your claim for processing.
- You will be notified via email of the status of your claim if we have a valid email address on file. To update your email address, please log into your account at [www.wageworks.com](http://www.wageworks.com) and select "Profile" in the upper right corner of the screen.
- Send only photocopies of your claim form and documentation—keep the originals for your records if submitting via postal mail.
- Submit only claims for your own account.