



HEALTH ADVANTAGE

Email: HAflexSpending@mclaren.org

MAIL CLAIM FORM TO:
McLaren Health Advantage
FSA Unit
PO Box 1511
Flint, MI 48501-1511
Phone: (888) 327-0671
Fax: (810) 600-7942

FLEXIBLE SPENDING ACCOUNT (FSA) DEPENDENT CARE REIMBURSEMENT ACCOUNT CLAIM FORM

Please **PRINT** Clearly

1. Employee must complete **Part 1** "Employee and Day Care Provider Information" and **Part 2** "Dependent Care Expenses."
2. Instructions for **Part 2**:
Attach a **copy** of a receipt that includes the dates of service, day care provider's name, amount paid to the day care provider, along with their name, address and Tax ID or Social Security Number.
3. Read the Certification for Reimbursement, **sign and date the form**. Make a **copy** for your records.
4. Mail, email or fax the form to the information provided on this form. All reimbursement requests for a plan year made during the following year must be postmarked prior to the filing deadline, which is specified in your plan documents.

PART 1 EMPLOYEE AND DAY CARE PROVIDER INFORMATION (Please Print) Please check if this is a new address

Employee Name		ID or Social Security Number		Group/Employer	
Employee Address		City	State	Zip	Daytime Phone ()
Day Care Provider's Name and Address				Tax ID # or SS # of Provider	

PART 2 DEPENDENT CARE EXPENSES (Please Print) Please place each expense on a separate line

DEPENDENT'S NAME	DATE OF BIRTH	DATE(S) OF SERVICE MM/DD/YYYY		TYPE OF SERVICE (Day Care, After School)	REQUESTED AMOUNT
		From:	To:		
		From:	To:		
		From:	To:		
		From:	To:		
		From:	To:		
		From:	To:		
TOTAL DEPENDENT CARE AMOUNT REQUESTED					\$

CERTIFICATION FOR REIMBURSEMENT

I certify that the expenses for reimbursement requested from my FSA were incurred by me (and/or my spouse and/or eligible dependents), have been paid by me (or them), were not reimbursed by any other plan, and, to the best of my knowledge and belief, are eligible for reimbursement under my FSA. I (or we) will not use the expenses reimbursed through the FSA program as deductions or credits when filing my (our) income tax return. I have received the taxpayer ID number of my dependent care provider. I understand that I must provide this information on my federal tax return.

EMPLOYEE SIGNATURE:

DATE:

MAIL CLAIM FORM TO:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER LAW.



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FLEXIBLE SPENDING ACCOUNT DEPENDENT CARE

Please complete that information on the other side of this page and review the following reminders to ensure accurate and timely processing of your request

- Is your Contract number or Social Security number included on the form?
- Is your Employer Name and/ or Group Number included on the form?
- Is your total requested amount included on the form?
- Did you attach copies of your itemized documentation with your request?
- Did you sign and date the bottom of this form?
- Have you made copies of your request for your own personal records?

The following examples are eligible for reimbursement through the Dependent Care Spending Account:

- Babysitters inside or outside the home while you (and your spouse) are at work, as long as the individual is not your child and under the age of 19, or anyone you or your spouse can claim as a dependent for federal income tax purposes.
- Care for a dependent under the age of thirteen or a qualified individual incapable of self-care
- Licensed nursery schools
- Adult day care facilities
- After-school programs
- Qualified child care centers

The following examples are ineligible for reimbursement through the Dependent Care Spending Account:

- Care provided for your child by a sibling under age of 19 or someone you claim as a dependent on your income tax return
- Weekend or evening babysitting that is not necessary for you (and your spouse) to work
- Expenses for which you claim a tax credit on your federal income tax return
- Tuition fees for private or boarding homes
- Sleep away overnight camps
- 24-hour nursing home care
- Food, field trips, clothing or supplies

The above are some examples for eligible/ineligible expenses that can currently be reimbursed through Flexible Spending Account/Dependent Care Account.

If you have any expenses that are in question, please feel free to contact an FSA representative at (888) 327-0671.