

**Request for Reimbursement
Dependent Care Flexible Spending Account****Instructions**

1. Employee must complete **Employee Information**.
2. Complete **Claim Information** in its entirety. Please ensure your supporting documentation clearly indicates the requested amount. You must submit a claim for each reimbursement. You may not submit one claim at the beginning of the year for the entire plan year.

Eligible expenses are defined in your Summary Plan Description. Such expenses include, but are not limited to afterschool care, extended day programs, au pair services, babysitter in or out of the home, nanny day care expenses, sick child facility, and summer day camp for your qualifying child who is age 12 or under. Also eligible, custodial or elder day care expenses of a qualifying individual, educational expense for pre-school / nursery school, FICA / FUTA taxes of the day care provider.

Ineligible expenses include but are not limited to assisted living expenses, airfare, living expenses or other fixed costs for a nanny or au pair, gardening services, housekeeping services, kindergarten expenses, nursing home expenses, overnight camp expenses, meals, registration fees and educational expenses (tuition).

NOTE: There is a special rule for children of divorced parents. The child is a qualifying individual of the "custodial parent", as defined in Code Section 152(e).

3. Check the appropriate box in Provider Certification. If both the employee and provider certifications are completed and signed, additional documentation is not required. For claim forms without the provider's signature, an itemized statement from the dependent care provider is required. Itemized statements should include the date(s) of service, the name and date of birth of the dependent, itemization of charges and the provider's name, address, and Tax ID/SS number. If mailing small receipts, we suggest you tape them to a standard size sheet of paper. However, faxing the claim will produce a quicker turnaround time.
4. Sign and date Employee Certification.
5. **Submit Claims To:**

Anthem Blue Cross and Blue Shield
Fax: 888-347-5212 Phone: (877) 451-7244
P.O. Box 660165
Dallas, TX 75266-0165

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

