



HOW TO FILE A CLAIM FOR YOUR DEPENDENT CARE REIMBURSEMENT ACCOUNT

ACCOUNT INFORMATION

Dependent care expenses are eligible for reimbursement if they meet the following criteria:

1. *The maximum reimbursement is the lowest of the following:*
 - *The employee's earned income for the plan year;*
 - *The spouse's earned income for the plan year;*
 - *\$5,000 (or \$2,500 for married employees who file separate tax returns).*
2. *The expenses are necessary to enable you and your spouse to work.*
3. *Your dependent must be under age 13 or physically or mentally incapable of caring for himself or herself.*
4. *Your dependent is eligible to be claimed as a dependent on your Federal Income Tax Return.*
5. *Your payments are not made to a person you claim as a dependent.*

FILING YOUR CLAIM

1. *Attach an itemized bill, copy of a cancelled check or have the provider sign the form.*
2. *List the tax ID Number for each person providing the care.*
3. *List each provider on a separate line.*
4. *Mail or fax the completed form and documentation to:*

*Reimbursement Accounts
P.O. Box 1140
Exeter, NH 03833-1140
or
Fax: 1-603-773-4415*

Note: When you file your Federal Income Tax Return you will be required to supply the name, address and taxpayer identification number of the dependent care provider.

Please call EBPA's FSA Customer Service at 1(888) 678-3457 if you have any questions.