Dependent "Day Care" Expense Claim Form

FAX: 1-888-207-2310

To make a claim for reimbursement of your dependent "day care" expenses, please complete this form and attach copies of receipts or bills prepared by your day care providers. Check copies are not sufficient documentation.

Mail your claim and documentation to:

FlexToday, Inc.
PO Box 16099
Fresno, CA 93755

REQUIRED

Employer/Plan Sponsor
Your Name
Address
City, State and Zip Code
Email Address

PLEASE READ AND SIGN BELOW

I hereby understand, certify and agree that: The expenses submitted for reimbursement have not been reimbursed or paid previously and I will not seek payment or reimbursement under insurance or other benefit plan for these expenses; These expenses were incurred during the coverage period by either me or my eligible dependents; I assume the responsibility to maintain substantiating documents for all claims; I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim; I am liable for payment of any taxes and penalties, federal, state or local, related to expenses claimed or paid that are not eligible expenses under the Plan(s); These expenses cannot be claimed as credits or deductions on my personal tax return if reimbursed or paid from the Plan(s); It is my responsibility to obtain and report to the IRS the Identification Number of any and all dependent care providers to whom I have paid for services which were submitted for reimbursement under this Plan; I have received a copy of the Summary Plan Description(s) and understand that this claim is subject to the terms and requirements of the Plan(s), including but not limited to eligibility, coverage period and claims filing deadlines; I may receive notifications by email instead of mail and I understand that I must notify FlexToday in writing to rescind this authorization to send notifications by email; and, My digital signature on this form will be accepted as binding with the same weight and consideration as a pen and paper signature.

Your email address and the answers to the items below are required for us to accept a digital signature on this form.

Last 4 # of EE SSN	Full Date of Birth	Phone Number

Sign Here

Date Signed

Total Dependent Day Care Expenses Claimed With This Request: $_____

Name of Person Receiving Care	Relationship to Employee	Age of the Dependent	Dates the services were provided	Name of the Care Provider	This is my cost for this service
					$
					$

Optional Care Receipt – If your dependent "day care" provider does not provide you with formal bills or receipts, you can have your care provider complete this optional receipt to document your expense.

Name of Provider	Dates of Services	Amount Paid
		$
Signature of Care Provider X	Date Signed	Provider Tax ID/SSN

You can send claims to us by fax, mail or electronically (scanned) at the Secure Claims Portal. **We do not accept claims by email**. The "digital signature" feature is available if you have Adobe Acrobat (6+) or Adobe Reader (9+). Claims sent to the Secure Claim Portal should be in Adobe Acrobat ".pdf" format. If your claim requires multiple files, the files must be named similarly and numbered (001, 002, etc.). Unidentified files and files sent in any format other than Adobe ".pdf" may be unacknowledged and not be treated as an actual claim submission. Electronic files, links or email attachments received in executable formats (.exe, .zip, .eml, .com, .net, .html, vbs, etc.) will be isolated and then deleted without opening and will not be acknowledged or considered an actual claim submission.