

Dependent Care Spending Account Claim Form



(Do not fax or mail this instruction page.)

In general, and subject to the rules of your employer's plan, the following rules apply to dependent care expenses:

- The individual receiving the care must be a child under the age of 13, or another dependent who is physically or mentally incapable of caring for themselves.
- The expenses must be incurred so that: (1) you and your spouse, if married, can work; (2) your spouse can attend school on a full-time basis; or (3) you or your spouse can work, if one of you is disabled.
- Services provided by a child care or elder care center must comply with all state and local laws to be an eligible reimbursement expense.
- You can be reimbursed only for services that have been received.

Option 1: Go Paperless!

You won't need to complete paper forms anymore. To submit claims online log on to mylacountybenefits.com, click on the "Spending Account" tile to be navigated to your account and then click on "File a Claim".

Option 2: Submit your claim using this form

Step 1: Fill out the form

- Please print in capital letters with the letters centered in the boxes as shown:

A	B	C	D		1	2	3	4
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- Complete a separate line for each individual expense.
- Use page 4 if you exceed the number of lines available on page 3.

Step 2: Attach Supporting Documentation

- See the "Types of Supporting Documentation" section on page 2 for a description of what is considered acceptable by the IRS.
- Photocopy your receipts or other supporting documentation onto a white, letter-sized sheet of paper.
- Do **not** send original receipts or original supporting documentation.

Step 3: Certify

- Read Section 3, Self Certification, then sign and date the form. This is required to process your request.

Step 4: Submit

- Fax the form and supporting documentation to **877-841-1152**.
- Make sure that you fax the form and supporting documentation together. The form should be the first page of your fax.
- Alternatively, you may also mail copies of your claims to:

BenefitWallet
P.O. BOX 18009 Suite A
Norfolk, VA 23501

To expedite processing, please send only one claim form and copies of your supporting documentation per envelope. Sending multiple claim forms in the same envelope may delay processing.

Remember

- Keep a copy of the form and all original receipts for your records.

Types of Supporting Documentation

- Copy of itemized receipts of your dependent care expenses, or signed provider affidavit on the claim form, for each expense.
- All documentation submitted to substantiate a claim must include the following information:
 - Name of the person who incurred the service or expense
 - Name and address of the provider or merchant
 - Date(s) the service was provided
 - Amount charged for the service or expense
- Canceled checks or payment statements alone are not acceptable documentation.

Remember To:

- Have your provider sign the affidavit on the claim form if you do not have receipts.
- Use additional copies of page 4 if your expenses exceed the number of lines available on pages 3-4.
- Print legibly and use capital letters.
- Ensure that your claim form is legible by using black ink.

Please Do Not

- Fill out the form using red or blue ink.
- Highlight receipts or any part of the form.
- Send original receipts.
- Staple receipts to the form.
- Write outside the boxes provided.
- Submit the same claim more than once.
- Fax or mail this instruction page.
- Email the claim form to documents@mylacountybenefits.com.
- Upload your claim form on mylacountybenefits.com.

List of Expense Codes

Sections 2 and 5 of the form need to specify the type of expense using one of the following:

Child Care

501 = Licensed Day Care

502 = Day Care (e.g., day care, before school programs, after school programs, etc.)

503 = Pre-School

504 = Day Camp

Adult Care

601 = Licensed Day Care

602 = Day Care

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Claim Filing Options:

File Claim Online: Go Paperless! You won't need to complete paper forms anymore. To submit claims online log on to mylacomtybenefits.com, click on the "Spending Account" tile to be navigated to your account and click on "File a Claim".

Fax To: 877-841-1152

Mail To: BenefitWallet, P.O. Box 18009, Suite A, Norfolk, VA 23501

Questions? Contact us at 866-225-0067. Representatives are available from 7 a.m. to 7 p.m. PT, Monday - Friday.

SECTION 4: YOUR INFORMATION (Use only CAPITAL LETTERS.)

LAST FOUR DIGITS OF SSN

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MAILING ZIP CODE

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EMPLOYER NAME

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PARTICIPANT LAST NAME

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PARTICIPANT FIRST NAME

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SECTION 5: YOUR EXPENSES (Use only CAPITAL LETTERS.)

EXPENSE CODE (See page 2)

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PROVIDER NAME

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STARTING DATE OF SERVICE (MMDDYY)

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ENDING DATE OF SERVICE (MMDDYY)

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AMOUNT

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DEPENDENT DATE OF BIRTH (MMDDYY)

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DEPENDENT NAME

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PROVIDER AFFIDAVIT: I hereby certify that the above Dependent Care charges have been incurred.
(Receipts are not required if the Dependent Care Provider signs this section.)

PROVIDER'S SIGNATURE: _____ Date: _____

EXPENSE CODE (See page 2)

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PROVIDER NAME

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STARTING DATE OF SERVICE (MMDDYY)

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ENDING DATE OF SERVICE (MMDDYY)

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AMOUNT

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DEPENDENT DATE OF BIRTH (MMDDYY)

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DEPENDENT NAME

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PROVIDER AFFIDAVIT: I hereby certify that the above Dependent Care charges have been incurred.
(Receipts are not required if the Dependent Care Provider signs this section.)

PROVIDER'S SIGNATURE: _____ Date: _____

DO NOT SEND ORIGINAL RECEIPTS