



900 S Capital of TX Hwy, Ste 350
 Austin, TX 78746
 Phone # (800) 943-9179
 Fax # (888) 989-9247
 Email: 125@tcgservices.com

Reasons For Claim Denial:
 1 –Form is missing required information
 2 –Invalid/No proof of purchase (credit card receipt not acceptable)
 3 –Service not covered by plan

Reasons For Claim Denial:
 4 –Expense(s) incurred outside plan year
 5 –Reimbursement period has expired
 6 –Your account is Maxed Out
 7 –Services rendered unknown

Dependent Care Claim Form

(Please See Instructions On Reverse Side)

Items in **Bold** below must be filled in for the claim to be processed. If any information is deemed incomplete, the form and accompanying receipts will be returned.

Participant Name: _____

Participant SSN: _____

Street Address: _____

Employer Name: _____

City, State Zip: _____

Home/Mobile Phone _____

Email Address: _____

DCA Out of Pocket Expenses: Please attach legible copies of paid receipts or signed description of rendered daycare services by the provider. **Credit card slips alone are not acceptable forms of documentation.** If you cannot obtain proof of service, you can have your service provider sign the affidavit (Provider Certification) at the bottom agreeing that the services detailed on this form are valid and accurate.

ADMINISTRATOR USE ONLY

Note: If you received your claim form back with a Denied line item, please resubmit, unless the *Claim Denial* is for reason number 6 above, the denied claim item on a new claim form with the appropriate substantiation.

Name of Dependent (child)	Dependent Date of Birth	Provider Name	Service Start Date	Service End Date	Amount Paid (out of pocket only)	Amount Approved	Amount Denied	Denied Reason (See Top of Form)
TOTALS:								

Provider Certification—Complete this section if dependent care receipts are not attached.	
Provider Name	Provider Federal ID or SS#
<i>I certify that I am a qualified care giver as defined by the Internal Revenue Code and that the expenses for services claimed above have been provided.</i>	
Provider Signature	Date

Employee Certification	
<i>I certify that:</i> <ul style="list-style-type: none"> All the expenses listed above for which I am seeking reimbursement have been incurred. These expenses have not been reimbursed, nor shall I seek reimbursement from any other dependent care assistance program. I also understand these expenses no longer qualify as tax deductions or credits. The above dependent care expenses are for the care of a Qualifying Person and do not include separate charges for food, clothing, education, entertainment, activities, late fees, overnight care, or supply fees. I hereby authorize any childcare provider, organization or person having any records, data, or information concerning childcare service history for my minor dependents to furnish such records, data, or information as may be requested by my Employer and/or TCG Administrators. 	
Employee Signature	Date

Dependent Care Flexible Spending Account (FSA) Claim Reimbursement Instructions

CERTIFICATION—By signing and submitting this Dependent Care Flexible Spending Account (FSA) Claim Form, you are certifying that expenses for which you request reimbursement satisfy all the following conditions:

- The **dependent** you are requesting reimbursement for is an eligible dependent under age 13, or meets the “Qualifying Person Test” as described in IRS Publication 503 (to view this publication go to www.irs.gov).
- If you are claiming expenses for your spouse, your spouse must be physically or mentally incapable of self-care and must have the same principal residence as you for more than half the year.
- Reimbursement can only be claimed for services that have already been provided regardless of when they are billed or paid.
- **Dependent** care expenses claimed were incurred so that you and /or your spouse (if married) could work or actively look for work. Your spouse is considered working if among other requirements, he or she is a full-time student at an educational organization, or physically or mentally incapable of self-care.
- **Dependent** care payments made to you, your spouse or someone you or your spouse claim as a tax dependent are not reimbursable.
- **Educational expenses** incurred for a child in kindergarten and up are not reimbursable.
- **Tuition expenses** are not reimbursable.
- Expenses such as **activity fees** (e.g. field trips, swim lessons, art class), **books, supplies, transportation** and **meals** are not reimbursable.

SUPPORTING DOCUMENTATION—The following documentation must be provided:

- Completed claim form which includes the provider(s)’ tax ID number.

—OR—

- Itemized Statement from Provider which includes the following:
 - The provider’s name;
 - Your dependent’s name and relationship to you;
 - Dates services were provided; and
 - The dollar amount of the services provided.

UNACCEPTABLE DOCUMENTATION—Documentation that will NOT be accepted alone to substantiate reimbursement includes, but is not limited to:

- Credit card receipts;
- Cancelled checks; or
- Billing statements showing “Previous Balance,” “Balance Forward,” or “Received on Account.”

BEFORE YOU SUBMIT YOUR DEPENDENT CARE REIMBURSEMENT CLAIM FORM PLEASE BE SURE TO

- Complete the claim form in full.
- Sign and date the claim form.
- Make sure supporting documentation equals the total amount you are claiming for reimbursement.
- Keep a copy of your claim form and any original receipts for your records.