# YOUR spending ACCOUNT™

### **DEPENDENT CARE CLAIM FORM**

HEWLETT-PACKARD

P.O. Box 785040 Orlando, FL 32878-5040 Phone: 1-800-890-3100

Fax: 1-888-211-9900

Name, Last	First	M.I.
Address		SSN-Last 4 (Optional)
City	State Zip	Code
CLAIM DESCRIPTION		
Service Begin Date (MM/DD/YYYY)	Service Provider	
Service End Date (MM/DD/YYYY)	Dependent	
/ / /		
Requested Amount		
\$		
EMPLOYEE CERTIFICATION (REQUIRED)		
By adding my signature below, I certify that th		ne expenses for which I'm
requesting reimbursement, or for which I'm va		1
<ul><li>Were incurred for services or supplies receive</li><li>Were for services or supplies furnished on or</li></ul>	ed by my eligible dependents or me under the after the date my spending account takes eff	ie pian; fect;
<ul><li>Haven't been reimbursed in any other way o</li><li>Don't include any amounts that are otherwis</li></ul>		
I understand that dependent care reimburseme		=
be made in accordance with the provisions of t	=	
Employee Signature	Date	
Provider Certification (Required <i>if</i> r	ECEIPTS ARE NOT PROVIDED)	
I certify that the charges listed above for depen	dent care services have been incurred for the	e dates provided.
Provider Signature	Date	
Provider SSN or Taxpayer ID		pirount

#### DEPENDENT CARE CLAIM INSTRUCTIONS

Use this form when submitting requests for reimbursement from your Dependent Care Flexible Spending Account. To have your Dependent Care claim approved, you must sign the enclosed form and fax or mail your claim to Your Spending Account with the required documentation. Once your information is received, Your Spending Account will typically process your claim within ten days.

#### Documentation You'll Need to Provide

You must provide proper supporting documentation so that your claim can be approved. This includes a signed and dated claim form and copies of receipts or other documentation.

If you use a day care provider, your itemized receipt must contain the:

- 1. Date of service;
- 2. Name of service provider;
- 3. Name of dependent receiving services; and
- 4. Amount paid.

If you use a care provider or a day care service, your receipt should be itemized and include the name of the dependent receiving services. The receipt can be handwritten, provided from a generic receipt booklet, or on a day care letterhead.

If the service date range spans two different tax years, for example December 1 – January 31; please have the provider furnish a receipt with each year itemized separately. Instead of December 1 – January 31; your receipt should be December 1- December 31 \$x.xx and January 1 – January 31 \$x.xx.

If the receipt is handwritten or self produced (e.g., printed using Word), it must also contain the following:

- A printed provider name or a provider signature; and
- The provider's address or the provider's Social Security Number (SSN) or Federal Tax ID Number (FTIN)

If you lost a receipt, contact the provider to request a copy. If you don't provide the necessary information, the processing of your claim may be delayed.

Visit the Your Spending Account Web site for more documentation requirements.

#### Sending Your Claim to Your Spending Account

Send this form and your documentation to Your Spending Account by fax or mail.

**Fax:** 1-888-211-9900

Mail: Your Spending Account

P.O. Box 785040

Orlando, FL 32878-5040

If faxing, be sure to place the form before your itemized receipts and don't include a cover letter.

#### DEPENDENT CARE CLAIM INSTRUCTIONS

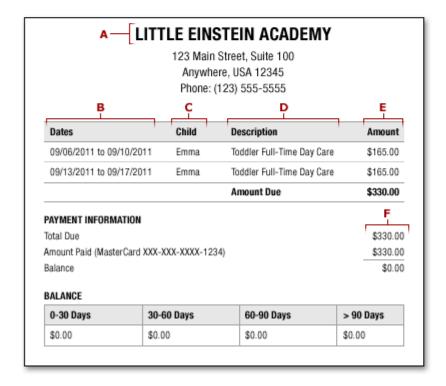
## What Your Itemized Receipts Should Include

It's important that you provide the appropriate receipt with your claims.

#### Example of Valid Receipt

Although your itemized receipt might look different than the example below, it must **always** contain the following information:

- A. Name of service provider
- B. Specific dates of service
- C. Name of dependent receiving services
- D. Description of service
- E. Purchase amount for each service
- F. Total purchase amount



#### Example of Invalid Receipt

This is an invalid receipt because it doesn't list the description, dates, or price for the services purchased. Common invalid receipts are credit or debit card receipts.

