

# 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.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	SSN-Last 4 (Optional)	
<input type="text"/>	<input type="text"/>	
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 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 the information I'm providing is correct and the expenses for which I'm requesting reimbursement, or for which I'm validating:

- Were incurred for services or supplies received by my eligible dependents or me under the plan;
- Were for services or supplies furnished on or after the date my spending account takes effect;
- Haven't been reimbursed in any other way or from any other source and won't be submitted for future reimbursement; and
- Don't include any amounts that are otherwise payable by plans for which my dependents or I are eligible.

I understand that dependent care reimbursements aren't eligible deductions on my individual tax return. Claim decisions will be made in accordance with the provisions of the plan.

Employee Signature

Date

<input type="text"/>	<input type="text"/>
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### PROVIDER CERTIFICATION (REQUIRED IF RECEIPTS ARE NOT PROVIDED)

I certify that the charges listed above for dependent care services have been incurred for the dates provided.

Provider Signature

Date

<input type="text"/>	<input type="text"/>
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Provider SSN or Taxpayer ID



## 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.

## 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

**A** — **LITTLE EINSTEIN ACADEMY**  
 123 Main Street, Suite 100  
 Anywhere, USA 12345  
 Phone: (123) 555-5555

<b>B</b> Dates	<b>C</b> Child	<b>D</b> Description	<b>E</b> Amount
09/06/2011 to 09/10/2011	Emma	Toddler Full-Time Day Care	\$165.00
09/13/2011 to 09/17/2011	Emma	Toddler Full-Time Day Care	\$165.00
<b>Amount Due</b>			<b>\$330.00</b>

**PAYMENT INFORMATION**

Total Due	<b>F</b> \$330.00
Amount Paid (MasterCard XXX-XXX-XXXX-1234)	\$330.00
Balance	\$0.00

**BALANCE**

0-30 Days	30-60 Days	60-90 Days	> 90 Days
\$0.00	\$0.00	\$0.00	\$0.00

### 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.

**SALES DRAFT**

**LITTLE EINSTEIN ACADEMY**  
 123 Main Street, Suite 100  
 Anywhere, USA  
 12345-0000  
 Phone: (123) 555-5555

123456789012345  
 09/06/2011 08:11:44  
 MASTERCARD  
 XXX-XXX-XXXX-1234  
 INVOICE 12345 H02  
 AUTH. CODE 123456

**SALE TOTAL      \$330.00**

x \_\_\_\_\_  
 Signature

CUSTOMER COPY