

DEPENDENT CARE ADVANTAGE ACCOUNT How to File a Claim for Approval

Claim Filing Options:

- File claim online: Log in to your account at participant.wageworks.com/NYSFSA to submit your claim electronically.
- File claim via fax or mail: Claim details may be entered online and a completed form may be printed and faxed or mailed with documentation. Fax: 866-672-3625, US Mail: CLAIMS ADMINISTRATOR, P.O. Box 14053, Lexington, KY, 40512

Instructions to fill out this form:

- Complete ALL account holder information.
- Use your documentation to complete each section of the form, including the following items:
 - ① Provider Name
 - ② Service Date(s)
 - 3 Dependent Name and Relationship to Account Holder
 - Type of Service
 - S Amount Billed
 - © Provider Signature is not required, but can replace need for other proof of service

ACCOUNT HOLDER: S M T H										
DVIDER NAME	SER* ATES (Start anind Dates) (MM/_D/YY)					DEPENDENT 3, RELATIONSHIP TO 2 SUNT HOLDER	OUT-OF-POCKET COST			
Sunshine Day School O I O 3 I 7 Signature of Provide (Replaces the need for observice) Martha Sunshine					-	Dependent Name: John Smith Retationship to Account Holder: Type of Service: Child Care Spouse Preschool Qualifying Child Before/After School Sonier Day Care Au pair Summer Day Camp	\$ 11500			
Debbie's Daycare O I O 3 I 7 Debbie's Daycare O I O 7 I 7 Signature of Provider: (Replaces the need for other proof of service.) Debbie Johnson						Dependent Name: Mary Smith Relationship to Account Holder: Spouce Child Care Qualifying Child Preschool Qualifying Relative Before/After School Sonior Day Care Au pair Summer Day Camp	\$ 13500			

Tips For Claim Submission

- Dependent care expenses cannot be paid to anyone who is your child or stepchild under the age of 19 and claimed as a dependent on your tax returns.
- A dependent is defined as someone who spends at least 8 hours a day in your home and is one of the following:
 - A tax dependent child under the age of 13 for whom you have custody more than half of the year.
 - A dependent that is physically or mentally incapable of self care regardless of age.
- Only submit claims for eligible expenses. Extended overnight camps, kindergarten or higher-grade tuition, non work related day care or long-term care services are not eligible expenses. The only expenses considered eligible are those that are incurred while you or your spouse are working, looking for work, or attending school full time.

Tips For Documentation

- Ensure that the documentation is legible.
- Cancelled or copies of checks and credit card receipts do not contain all 5 required pieces of information needed to approve your expense, and are not acceptable for submission.
- If multiple pieces of documentation are attached, please circle the dollar amount that is being claimed on each piece of documentation.
- The use of a highlighter causes items to not be legible on the documentation; highlighter use is not recommended.
- At the end of the tax year, you are required to provide the IRS with the provider name, address and Tax ID # on Tax Form 2441 in order to obtain the tax advantage for these expenses.

- Payments for dependent care cannot be made to someone you
 or your spouse claim as a dependent. If the person you make
 payments to is your child, he or she must be age 19 or older by
 the end of the year.
- Reimbursement can only be made for expenses for services that have been provided within the plan year.
- According to the IRS regulations, any unused year-end balance in your spending account may not be carried over to the next plan year. Monies must be forfeited to New York State and will be used to defray administrative costs of the NYS Flex Spending Account program.
- If dates of service for which you are seeking reimbursement begin in one plan year and end in the next plan year, a separate Reimbursement Request form is required for each year.
- New York State allows a runout period to submit claims after the plan year ends. The runout deadline is March 31 of the following calendar year.

Tips For Faxing

- Do not use a cover page when faxing the claim form and documentation.
- You will be notified via email of the status of your claim if we have a valid email address on file (to update your email address, please log in to your account at participant.wageworks.com/NYSFSA.com and select "Profile" in the upper right corner of the screen.
- Send only photocopies of your claim form and documentation keep the originals for your records if submitting via postal mail.
- · Submit only claims for your own account.



- File claim online: Submit your claim online for faster service. Log in to your account at participant.wageworks.com/NYSFSA to file your claim electronically and upload your documentation.
- File claim via fax or mail: Claim forms may also be filed either via fax or US Mail and sent to the following locations: Fax: 866-672-3625
 US Mail: CLAIMS ADMINISTRATOR, P.O. Box 14053, Lexington, KY 40512
- Claim status: You may check the status of your claim by logging in to your account at participant.wageworks.com/NYSFSA.

DEPENDENT CARE ADVANTAGE ACCOUNT Pay Me Back Claim Form

Employer: NEW YORK ST	WW ER ID: 45203						
ACCOUNT HOLDER:							
Last Name		•			First Name		
NYS EMPLID			Zip Co	de			
PROVIDER NAME SERVICE DATES (Start and End Dates) (MM/DD/YY)				DEPENDENT NAME, RELATIONSHIP TO ACCOUNT HOLDER AND TYPE OF SERVICE		OUT-OF-POCKET COST	
Signature of Provider: (Replaces the need for other proof of service.)				Dependent Name:	Type of Service: Child Care Preschool Before/After School Senior Day Care Au pair Summer Day Camp	\$ <u></u>	
Signature of Provider: (Replaces the need for other proof of	service.)			Dependent Name:	Type of Service: Child Care Preschool Before/After School Senior Day Care Au pair Summer Day Camp	\$	
Signature of Provider: (Replaces the need for other proof of	service.)			Dependent Name:	Type of Service: Child Care Preschool Before/After School Senior Day Care Au pair Summer Day Camp	\$ <u></u>	
Signature of Provider: (Replaces the need for other proof of	service.)			Dependent Name: Relationship to Account Holder: Spouse Qualifying Child Qualifying Relative Other:	Type of Service: Child Care Preschool Before/After School Senior Day Care Au pair Summer Day Camp	\$	
More expenses? Please	e compl	lete ai	noth	er form.	CLAIM FORM TOTAL:	\$	

CERTIFICATION AND AUTHORIZATION: I certify that the information on this page is accurate and complete. I am requesting reimbursement for work-related dependent care expenses incurred by an eligible dependent (for a child under the age of 13 or other dependents that are physically and mentally incapable of taking care of themselves). These services have already been provided and confirm that by requesting reimbursement here that I have not and will not seek reimbursement of this expense from any other plan or party. Use of this service indicates my acceptance of the WageWorks User Agreement at participant.wageworks.com/NYSFSA (available upon registration; enter username and password or click on LOG IN/REGISTER, Employee Registration).