

# SelectAccount®

## DAYCARE EXPENSE REIMBURSEMENT CLAIM FORM

Use this form for dependent child  
or adult daycare expenses.

Complete when faxing: # of pages \_\_\_\_\_

To expedite reimbursement, fax this form  
to 1-866-231-0214. This form serves as  
the cover page.

☐ if this is a resubmission ☐ if new address

☐ if new email address

*Each field must be completed or the processing of your claim will be delayed or denied.  
See the reverse side for eligibility and submittal information.*

### SECTION A – Account Holder Information (PLEASE PRINT)

ACCOUNT HOLDER'S NAME LAST	FIRST	MIDDLE	SELECT ACCOUNT ID# <b>S A</b>
STREET ADDRESS			SOCIAL SECURITY # (if SA# not known)
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER ( )
ACCOUNT HOLDER'S EMAIL ADDRESS		EMPLOYER NAME	

### SECTION B – Claim Detail (PLEASE PRINT)

DEPENDENT(S) NAME(S)	TOTAL REIMBURSEMENT REQUESTED \$
DATE(S) OF SERVICE OR DATE SPAN	

### SECTION C – Daycare Provider Information

**For fastest service, please have your provider complete this section. If completed, additional supporting documentation is NOT needed.** For expenses to be eligible, this section must be completed and signed by the Provider of dependent care services or documentation must be attached from the Provider.

PROVIDER'S NAME	PROVIDER'S SIGNATURE This signature verifies that I am an eligible provider, the claim details above are accurate, and the account holder is being billed for these services.
PROVIDER TAX ID OR SOCIAL SECURITY # _____	

### SECTION D – Account Holder Signature

I authorize the above expenses to be reimbursed from my Dependent Care Reimbursement Account. To the best of my knowledge, my statements in this form are complete and true.

I certify all of the following:

- Dependent is eligible and under the age of 13 or dependent is incapable of taking care of themselves.
- Expenses qualify as valid work related Dependent Care Expenses. (Ineligible expenses include field trips, lunches, food items, school expenses including Kindergarten.)
- These expenses have not previously been reimbursed under the Dependent Care Reimbursement Account and I will not seek reimbursement under any other plan.
- The amount of reimbursement in this form added to the reimbursements to date, does not exceed the statutory limits.

I understand the expenses reimbursed may not be used to claim any federal income tax deduction or credit (such as the Dependent Care Tax Credit).

I agree to file Form 2441 with my tax return and provide any required taxpayer identification number.

I have read, understand and make the certifications contained in the Daycare Expenses Reimbursement Claim for above.

Account Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS FORM TO:** SelectAccount  
ATTN: Account Administrator  
P.O. Box 64193  
St. Paul, MN 55164-0193  
FAX: 651-662-7247 / 1-866-231-0214

**FORMS AVAILABLE:** www.selectaccount.com  
or by calling  
SelectAccount  
Customer Service

**CUSTOMER SERVICE:**  
651-662-5065  
1-800-859-2144  
7 am - 7 pm, M-F

### HOW TO FILE A CLAIM

To receive reimbursement for eligible expenses, fax **OR** mail (not both) a completed claim form. To expedite your request, fax your completed claim form.

**Be sure to complete the form in its entirety.** If the form is incomplete or unsigned, your claim request will be delayed or denied. **Based on IRS regulations, supporting documentation is not required with your claim if Section C of the claim form is completed. Keep documentation for your tax records.**

You will be reimbursed up to your account balance for all eligible dependent care expenses according to your employer's claim processing schedule. If future dates are submitted, they will be pended until they are eligible for reimbursement.

Withdrawals requested that exceed your account balance will be pended until eligible for reimbursement within the same plan year as incurred.

#### **Submission Tips**

- ✓ Complete claim form using a dark pen (do not use a pencil)
- ✓ **Do not highlight** your claim form as it will interfere with our claims processing system
- ✓ Retain confirmation of successful fax transmission
- ✓ Do not mail originals, keep a copy for your records

### ELIGIBILITY INFORMATION

- **Care must be for a child under age 13**, unless they are incapable of self care. Annual Letter of Medical Necessity is required and can be found at **[www.selectaccount.com](http://www.selectaccount.com)**
- Care must be provided by an individual with a tax ID or Social Security Number
- Care must allow the parent(s) to be gainfully employed
- Care must be custodial in nature

### INELIGIBLE SERVICES

- School expenses including kindergarten
- Overnight camp
- Care provided by a family member under the age of 19
- Care provided by a parent or family member that can be claimed as a tax dependent of the parent
- Activity fees
- Late payment fees
- Food items

### APPEAL INFORMATION

The Explanation of Processing Report explains how your claim was processed based upon the information submitted to us. You or your designated representative may appeal a denial, partial denial, or reduction of your claim by following our appeal procedures. You may contact customer service at 1-800-859-2144 or 651-662-5065 for an explanation of your appeal rights. If you disagree with our decision on your claim, you have the right to submit a written request for an appeal review to SelectAccount, P.O. Box 64193, St. Paul, MN 55164-0193. We can send you a form to file your appeal or you can obtain a copy of the appeal form at [www.selectaccount.com](http://www.selectaccount.com). You have until the later of your plan's run out end date or 180 days from the date of this notice to file an appeal. If you have terminated employment during the year or if you are unsure of your plan's run out end date please contact your group representative or contact our customer service department. You may also submit any documents, records, or other information that relates to your claim for benefits. Upon receipt of your request, we will provide a full and fair review of your appeal and a written notice of our decision either by letter or an explanation on the Explanation of Processing Report within 30 days.

If you are a member of a group plan that is subject to the Employee Retirement Income Security Act (ERISA), once you have exhausted our appeal process, you have the right to file suit in Federal Court under Section 502(a) of ERISA.