

**DEPENDENT CARE FSA  
REIMBURSEMENT CLAIM FORM**

|   |  |                                 |
|---|--|---------------------------------|
| <b>COMPANY/CLIENT NAME</b>                      |  | <b>CLIENT # (BRMS USE ONLY)</b> |
| <b>EMPLOYEE NAME</b>                            |  | <b>E-MAIL ADDRESS</b>           |
| <b>ADDRESS (Complete only if a new address)</b> |  |                                 |
| <b>SOCIAL SECURITY NUMBER</b>                   | <b>EMPLOYEE PHONE NUMBER (including area code)</b> |                                 |

**DEPENDENT CARE EXPENSE CLAIM**

| Name of Dependent(s)   | Age of child | Dates of Service |    | Name of Provider                               | Amount Incurred |
|--|--------------|------------------|----|--|-----------------|
|  |              | From             | To | Federal ID # or Social Security Number         |                 |
|  |              |                  |    |  |                 |
|  |              |                  |    |  |                 |
|  |              |                  |    |  |                 |
| <b>Reminders:</b> <ul style="list-style-type: none"> <li>• Dependent Care claims will be reimbursed to the participant up to the balance available in the account</li> <li>• You must provide proof that you have incurred this expense. If not provided by your day care provider, please see below.</li> <li>• Provider's Federal ID or social security number <b>MUST</b> be provided.</li> <li>• <b>Sign your claim form.</b></li> </ul> |              |                  |    | <b>TOTAL DEPENDENT CARE<br/>EXPENSE CLAIM:</b> | <b>\$</b>       |

**CERTIFICATION FROM PROVIDER**

We certify that we are providing Dependent Care Services for the above employee for the month of \_\_\_\_\_ in the year of \_\_\_\_\_ for \_\_\_\_\_.

*(Child's Name)*

**Name of Day Care Provider:** \_\_\_\_\_  
(Print)

**Signature of Day Care Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Acceptable Documentation includes the following:**

- a.) Signature of the Provider **(If the provider signs the claim form, additional documentation is not required) OR**
- b.) Itemized Statement, receipt or bill from your daycare provider including:
  - Provider Information
  - Dependent's name
  - Date(s) of Service
  - Itemization of charge(s)

I certify that these dependent care expenses were incurred to allow myself and/or my spouse to be employed. I understand that dependent care expenses reimbursed under my Dependent Care FSA cannot be claimed for the Child Care Tax Credit on my Federal Income Tax Return.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Claim cannot be processed without signature**

|   |  |
|---|--|
| <p><b>Please mail your claim forms to:</b><br/>BRMS<br/>P.O. Box 1697<br/>Folsom, CA 95763<br/><b>Email: BRMS-FSA@brmsonline.com</b><br/><b>Or fax to: 866-410-0880</b></p> | <p><b>For questions regarding your account, please call<br/>BRMS toll free at 866-755-6651</b></p> |
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## **DEPENDENT CARE FSA REIMBURSEMENT CLAIM FORM**

### **DEPENDENT CARE EXPENSES THAT ARE ELIGIBLE:**

An eligible dependent is any dependent who is less than 13 years old and your dependent under federal income tax rules. An eligible dependent may also include your mentally or physically impaired spouse, or a dependent who is incapable of caring for himself or herself (for example, an invalid parent). The dependent must spend at least eight hours per day in your home.

Child care services will qualify for reimbursement from the Dependent Care FSA if they meet these requirements:

- The child must be under 13 years old, and must be your dependent under federal tax rules. Note: If your child turns 13 during the plan year, you can stop your contribution at that time.
- The services may be provided inside or outside your home, but not by someone who is your minor child or dependent for income tax purposes (for example, an older child).
- If the services are provided by a day-care facility that cares for six or more children at the same time, it must be a qualified day-care center.
- The service must be incurred to enable you, or you and your spouse if you are married, to be employed.
- The amount to be reimbursed must not be greater than your spouse's income or one-half your income, whichever is lower.
- Services must be for the physical care of the child, not for education, meals, etc. Kindergarten expenses must separate out the cost of custodial care from education to reimburse.

Allowable Dependent Care expenses include payments to the following, when the expenses enable you to work:

- Child-care centers
- Family day-care providers
- Baby-sitters
- Nursery schools
- Caregivers for a disabled dependent or spouse who lives with you
- Household services, provided that a portion for these expenses are for a qualifying dependent incurred to ensure the dependent's well-being maintenance

### **DEPENDENT CARE EXPENSES THAT ARE NOT ELIGIBLE:**

- Dependent care expenses that are provided to one of your dependents by a family member, unless the family member is age 19 or over by the end of the year and will not be claimed as a dependent
- Expenses for food and clothing
- Education expenses
- Overnight camps
- Transportation