

Company Name:			
Employee Name:			
E-mail Address:		Employee Phone Number:	
Mailing Address: Street	City	State	Zip

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

**Provider Federal ID or Social Security Number (required)** \_\_\_\_\_

**Claim Information:**

Claim Ref.	Date(s) of Service:	Who Received Care:	Age of Child:	Description of Service:	Amount:
1.					
2.					
3.					
4.					
<b>Total</b>					

**Certification from Provider (if not supplying receipts):**

We certify that we have provided Dependent Care services for the above employee and that the information they have provided above regarding dates and dollars amounts is accurate:

Provider Signature \_\_\_\_\_

I request that the expenses listed above be paid to me from my Cafeteria Compensation Flexible Spending Accounts. I certify that I have not and will not be reimbursed for these amounts from any other source. These expenses were incurred while I have been a covered plan participant and to the best of my knowledge are reimbursable by the plan. I have attached receipts or billings supporting all expenses.

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

\_\_\_\_\_  
Date

<b>Reminders:</b>	<b>Mail To:</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>➤ Provider's Federal I.D. or Social Security Number must be provided on the claim form</li> <li>➤ <b>Participant must sign and date the claim form</b></li> </ul>	Horizon Agency, Inc. FSA Claims Department 6500 City West Parkway #100 Eden Prairie, MN 55344 <b>Fax To: 952-914-7195</b>

## DEFINITION OF AN ELIGIBLE DEPENDENT:

An eligible dependent is defined as any person who can be claimed by an employee as a dependent for federal tax purposes and who:

- is under the age of 13
- requires full-time care because of physical or mental incapacity
- is the spouse of the employee and is physically or mentally incapacitated

## ELIGIBLE CHILD CARE SERVICE CRITERIA:

- 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 year, you cannot stop your contribution at that time.
- The services must be provided inside or outside your home, but not by someone who is your minor child or dependent for income tax purposes.
- If 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 provider.
- The service must enable you, or you and your spouse if you are married, to be employed
- Services must be for the physical care of the child, not for education, meals, etc.

## ALLOWABLE DEPENDENT CARE EXPENSES INCLUDE:

Child Day Care	Pre-School Expenses
Before/After School Care	Family Day Care Home
Summer Day Camp (can't include overnights)	Senior Day Care Home
Baby-sitter, Nanny, Au Pair	Home Health Agency

## DEPENDENT CARE EXPENSES THAT ARE NOT ELIGIBLE:

Kindergarten Expenses	Educational Expenses - 1st grade and above
Overnight Camps	Transportation and Food Expenses

## ADDITIONAL CONSIDERATIONS:

- You cannot claim expenses paid to a dependent under the age of 19.
- You cannot claim the same expenses on your personal income tax return.
- You cannot claim the same expenses on a spouse's 125 plan if you are claiming them.
- Funds contributed to this account that are not spent at the end of the year are forfeited

### ABOUT FAXING CLAIM FORMS:

Once your claim form is received we will schedule the claim for normal processing. All fax machines do not transmit a clean, scannable image, even though you may receive a confirmation notice from your machine. If a claim form is incomplete or invalid, you will be notified either by mail or e-mail with a letter of rejection. **We cannot confirm receipt of faxes. If you experience repeated problems or delays with faxing, submitting your claims by mail may be a better option.**

### ABOUT E-MAILING CLAIM FORMS:

We do accept scanned claim forms via e-mail. Please use the following e-mail address: [café@horizonagency.com](mailto:café@horizonagency.com). The same processing issues apply as with faxed forms.

### CLAIM FORM DO'S AND DON'T'S

**DO.....**Retain copies of the claims you send in for your tax records. Copies of your claims will not be available to you from Horizon Agency without substantial cost to you.

**DO.....**Verify that the expenses that you are submitting are eligible for reimbursement.

**DO.....**Be sure to sign your claim form

**DON'T.....**Fax faint or illegible receipts

**DON'T** Send canceled checks as a form of receipt

**DON'T** Submit credit card receipts that do not clearly state dates and types of services incurred.

**DON'T.....**Send duplicate vouchers if you are faxing claims.

### QUESTIONS? CHANGES?

Customer services representatives are available to help you Monday through Friday between 7:00am and 4:30pm CT. You can contact Horizon Agency:

By phone: 952-944-2929

By mail: 6500 City West Parkway, Suite 100, Eden Prairie, MN 55344

By E-mail: [café@horizonagency.com](mailto:café@horizonagency.com)

Also, you can view helpful account information online at [www.horizonagency.com](http://www.horizonagency.com).