

SelectAccountSM

FAMILY of PRODUCTS

DAYCARE EXPENSE REIMBURSEMENT CLAIM FORM

Complete when faxing: # of pages _____
 To expedite reimbursement, fax this form and supporting documentation to 1-866-231-0214. This form serves as the cover page.

if this is a resubmission if new address

Use this form for dependent child or adult daycare expenses.

SECTION A – Account Holder Information (PLEASE PRINT)

ACCOUNT HOLDER'S NAME LAST		FIRST	MIDDLE	SELECT ACCOUNT ID#
				S A
STREET ADDRESS				SOCIAL SECURITY # (if SA# not known)
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER	EMPLOYEE ID # (if applicable)
		-	() -	
EMPLOYER'S NAME				

SECTION B – Claim Detail (PLEASE PRINT)

* Required information - if information is missing, the processing of your claim may be delayed.

*Date(s) of Service	*Full Name of Person(s) Receiving Service	*Relationship to Account Holder	*Age(s)	*Reimbursement Requested
/ / to / /				\$
/ / to / /				\$
/ / to / /				\$
/ / to / /				\$
/ / to / /				\$
/ / to / /				\$
/ / to / /				\$
			*TOTAL	\$

SECTION C – Daycare Provider Information

For expenses to be eligible this section must be completed and signed by the Provider of dependent care services or attach documentation from the Provider.		Total expenses incurred for services rendered to the individual(s) on the date(s) specified in Section B.	\$
PROVIDER NAME	TAX I.D. NUMBER OR SOCIAL SECURITY #	PROVIDER SIGNATURE	DATE

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 true and complete. I certify all of the following: My family member has received the services described above on the date indicated, and the expenses qualify as valid Dependent Care Expenses. The expenses listed are for my Dependent. These expenses have not previously been reimbursed under the Dependent Care Reimbursement Account or any other plan, and I will not seek reimbursement for them under insurance or any other plan. I understand that the expenses reimbursed may not be used to claim any federal income tax deductible or credit (such as the Dependent Care Tax Credit). I agree to file IRS Form 2441 with my tax return and provide any required taxpayer identification number. The amount of reimbursement requested in this form, added to the reimbursements to date, do not exceed the statutory limits. I have read, understood and make the certifications contained in the Daycare Expense Reimbursement Claim Form above.

ACCOUNT HOLDER SIGNATURE	DATE
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RETURN THIS FORM TO: SelectAccount
 ATTN: Account Administrator
 P.O. Box 64193
 St. Paul, MN 55164-0193
 FAX: (651) 662-7247 / (866) 231-0214

FORMS AVAILABLE: www.selectaccount.com
 or by calling SelectAccount Customer Service
CUSTOMER SERVICE: (651) 662-5065
 (800) 859-2144

HOW TO FILE A CLAIM

To receive reimbursement for eligible expenses, fax **OR** mail (not both) a completed claim form along with IRS-required documentation. To expedite your request, fax your claim form and supporting documentation. If the expense incurred is reimbursable by an insurance company, you must submit the expense to the insurance company first. You can then use the Explanation of Benefits (EOB) received from the insurance company as your expense documentation. The EOB you receive from your insurance company is the best source of expense documentation for use in submitting your claims. **Documentation of the expense must include all of the following:**

- date of service
- name of person receiving service
- name of provider of service
- type of service/supply provided
- amount charged for each service/supply or the amount not reimbursed by insurance

***CANCELLED CHECKS DO NOT QUALIFY AS THIRD-PARTY DOCUMENTATION AND ARE NOT ACCEPTED BY THE IRS.**

Be sure to provide all information requested on the form. If the form is incomplete or unsigned, your claim request will be delayed. Please do not use a highlighter on this form or claim documentation. Instead, circle and add notations with a dark pen as needed.

Fax Tips

- ✓ Complete claim form using a dark pen (do not use a pencil).
- ✓ If your documentation is printed on dark paper, copy it onto lighter paper.
- ✓ Do not mail originals.
- ✓ Confirm successful transmission.

Mailing Tips

- ✓ Do not staple.
- ✓ Neatly tape any small receipts onto an 8.5 x 11 sheet of paper.

COMPLAINT/APPEAL INFORMATION

The Payment Activity Report you receive by mail will explain 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 complaint procedures. First, contact customer service for an explanation. If you are not satisfied with the explanation given, we will send you a form to file your complaint. 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 complaint and a written notice of our decision according to the timeframe found in your Plan documentation.

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 complaint/appeal process, you have the right to file suit in Federal Court under Section 502(a) of ERISA.