

WHAT YOU NEED TO KNOW

How to submit a dependent child care FSA claim.

Getting started: Your key documents

This flexible spending account (FSA) claim requires two forms of documentation. The IRS has strict rules for how FSA expenses can be paid, and these two pieces are necessary for payment:

- 1. CLAIM FORM:** Send a completed Cigna Choice Fund® Dependent Care Reimbursement Request Form.
- 2. PROOF OF EXPENSES:**
 - PREFERRED METHOD - The dependent care provider should document each expense and date of service on the claim form. THE PROVIDER'S SIGNATURE IS REQUIRED.
 - Or, you may send itemized receipts including date and type of service provided, name of dependent receiving service, and cost of day care expenses. See "other acceptable documentation."

How to use the claim form:

- ▶ Use a Cigna Choice Fund® Dependent Care Reimbursement Request Form.
 - For your convenience, you can visit **myCigna.com** to print new claim forms.
 - Read the claim form closely, and call us at 800.244.6224 if you have questions.
- ▶ One claim form can be used for up to three (3) expenses.
 - Use additional claim forms as needed.
- ▶ IMPORTANT! Complete the claim form in its entirety, and remember to sign and date the form.
 - We can't pay claims without a signed, dated form.
 - Each service should be listed on the claim form.

How to document expenses:

- ▶ The dependent care provider should document the expenses using the dependent information section of the claim form. He/she must also sign the claim form.
 - This is the preferred method for submitting proof of expenses.
 - Although you are welcome to send proof of payment (i.e., credit card statements, cancelled checks), this method always requires a completed/signed claim form.

Other acceptable documentation:

- ▶ Itemized receipts, such as the example shown. To submit this form of proof, collect itemized receipts for each service.

The IRS requires receipts with ALL of the following:

- ▶ Name of care provider
- ▶ Dates of service (the start date and end date)
- ▶ Type of service
- ▶ Name of the dependent who received service
- ▶ Cost for day care expenses

Example Itemized Receipt

| | |
|--|--|
| ▶ ABC Day Care 111A Sunshine Circle Kidstown, PA 12345 (110) 555-0000 | |
| Account Sandra Sample | 1212 Bluebird Loop Kidstown, PA 12345 |
| ▶ Child Guide Sample | Home (110) 555-0000 |
| Dates ▶ 04/07/14-04/11/14 | Amount \$225.00 ◀ |
| ▶ Service Child Care, 3-4 yr olds | |
| Important: Keep for insurance/taxes | |



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