

# Flexible Spending Dependent Care Claim

PO Box 91110  
Sioux Falls, SD 57109  
(877) 737-7730  
Fax: (605) 328-7207  
flex@sanfordhealth.org  
sanfordhealthplan.com



Employee Information		
Name:		Member Number:
Street Address:		City:
State	Zip:	Phone:
Employer:		Date:

**Reminder:** Dependent care expenses are reimbursable if the expenses are incurred to allow the employee and the employee's spouse to be gainfully employed or attend school. Generally, expenses incurred while an employee is on a leave of absence are not reimbursable. Dependents must be under age 13 or disabled in order to qualify for dependent care reimbursement.

Dependent Care Expenses (please complete entire section or reimbursement will be delayed)					
Dates of Service		Dependent's Name & Age	Amount of Service	Provider's Name & Address	Provider's Tax ID Number
From	To				
<b>Grand Total:</b>			_____		

Provider Certification		
Provider Street Address:		City:
State:	Zip:	Phone:

By signing, I certify that these Dependent Care expenses were incurred by the above named participant.

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, the undersigned, certify that the above expenses were incurred by my eligible dependent(s) and have been incurred within the period of coverage during the plan year. The above expenses have been paid by me (or my spouse), were not reimbursed by any other plan and, to the best of my knowledge and belief, are eligible for reimbursement under my flex account. I understand that I cannot use the expenses reimbursed through this flex account as deductions or credits when filing my income tax return. If audited, I understand that it is my responsibility (not my employer's) to provide written proof that these expenses were actually incurred and eligible for reimbursement.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(unsigned claim forms will not be considered for reimbursement)

**Checklist. Please make sure you:**

- Complete the entire Dependent Care Expenses section on page 1
- Read the Reimbursement Guidelines
- Provide eligible itemized receipts or have providers complete the Provider Certification Form
- Sign and date the claim form

**Dependent Care Regulations**

**Please note the following regulations.**

- Appropriate documentation is required and includes itemized daycare receipts. Receipts must reflect dates of service and must be verified with a provider signature or Tax ID number. The provider Certification area on this claim form may be completed in the place of an eligible receipt.
- Canceled checks, credit card receipts and balance due statements are not acceptable forms of documentation. Processing time will be delayed if proper documentation is not provided.
- All claims must be incurred during the current plan year; prepayment for future dates is prohibited.
- Requests for reimbursement will be paid according to the total dollars available in your account.

**Dependent Care Spending Account Reimbursement Guidelines**

**Contact Information:**

Sanford Health Plan  
Flexible Spending Department  
PO Box 91110  
Sioux Falls, SD 57109-1110

Phone: (605) 328-6810  
Fax: (605) 328-7207  
Email: [flex@sanfordhealth.org](mailto:flex@sanfordhealth.org)  
Online Inquiry: [sanfordhealthplan.com](http://sanfordhealthplan.com)

**Submitting Dependent Care Expense Claim Forms for Reimbursements**

To request a dependent care expense reimbursement, the participant must complete and submit the appropriate claim form along with proper documentation to Sanford Health Plan. Claim forms can be found on [sanfordhealthplan.com](http://sanfordhealthplan.com). Photocopies of daycare receipts are acceptable, but must be legible and dates of service must be listed. Future dates of services will not be paid until the service has been incurred. Dependent care spending account reimbursements are for daycare expenses incurred to allow you/your spouse to work. If you are not at work and incur daycare expenses, those expenses cannot be reimbursed (i.e., leave of absence, babysitting). Please note: A dependent must be under age 13 and able to be claimed as a dependent on your income tax return in order to be eligible for dependent care expenses.

**Adds, Changes and Terminations**

Election amounts will stay in effect throughout the plan year, unless a qualified life event occurs. If a qualified life event occurs, Sanford Health Plan must be informed within 30 days of the qualified life event in order for eligibility changes/election changes to occur. All eligibility changes/election changes must be consistent with the qualified life event.