



Flex Spending Account

DEPENDENT CARE ADVANTAGE ACCOUNT

How to File a Claim for Approval

Claim Filing Options:

- **File claim online:** Log in to your account at participant.wageworks.com/NYSFSA to submit your claim electronically.
- **File claim via fax or mail:** Claim details may be entered online and a completed form may be printed and faxed or mailed with documentation. Fax: 866-672-3625, US Mail: CLAIMS ADMINISTRATOR, P.O. Box 14053, Lexington, KY, 40512

Instructions to fill out this form:

- Complete ALL account holder information.
- Use your documentation to complete each section of the form, including the following items:
 - 1 Provider Name
 - 2 Service Date(s)
 - 3 Dependent Name and Relationship to Account Holder
 - 4 Type of Service
 - 5 Amount Billed
 - 6 Provider Signature is *not required*, but can replace need for other proof of service

ACCOUNT HOLDER:				
SMITH		JOHN		
Last Name		First Name		
5421		10063		
NYS Employee ID*		Zip Code		
*ID code is your NYS employee ID number				
1 PROVIDER NAME	2 SERVICE DATES (Start and End Dates) (MM/DD/YY)	3 DEPENDENT NAME AND TYPE OF SERVICE	4 RELATIONSHIP TO ACCOUNT HOLDER	5 OUT-OF-POCKET COST
Sunshine Day School	010317 010717	Dependent Name: John Smith Relationship to Account Holder: <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Qualifying Child <input type="checkbox"/> Qualifying Relative <input type="checkbox"/> Other:	Type of Service: <input type="checkbox"/> Child Care <input checked="" type="checkbox"/> Preschool <input type="checkbox"/> Before/After School <input type="checkbox"/> Senior Day Care <input type="checkbox"/> Au pair <input type="checkbox"/> Summer Day Camp	\$ 115.00
Signature of Provider: (Replaces the need for other proof of service.) <i>Martha Sunshine</i>				
Debbie's Daycare	010317 010717	Dependent Name: Mary Smith Relationship to Account Holder: <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Qualifying Child <input type="checkbox"/> Qualifying Relative <input type="checkbox"/> Other:	Type of Service: <input type="checkbox"/> Child Care <input type="checkbox"/> Preschool <input type="checkbox"/> Before/After School <input type="checkbox"/> Senior Day Care <input type="checkbox"/> Au pair <input type="checkbox"/> Summer Day Camp	\$ 135.00
Signature of Provider: (Replaces the need for other proof of service.) <i>Debbie Johnson</i>				

Tips For Claim Submission

- Dependent care expenses cannot be paid to anyone who is your child or stepchild under the age of 19 and claimed as a dependent on your tax returns.
- A dependent is defined as someone who spends at least 8 hours a day in your home and is one of the following:
 - A tax dependent child under the age of 13 for whom you have custody more than half of the year.
 - A dependent that is physically or mentally incapable of self care regardless of age.
- Only submit claims for eligible expenses. Extended overnight camps, kindergarten or higher-grade tuition, non work related day care or long-term care services are not eligible expenses. The only expenses considered eligible are those that are incurred while you or your spouse are working, looking for work, or attending school full time.

Tips For Documentation

- Ensure that the documentation is legible.
- Cancelled or copies of checks and credit card receipts do not contain all 5 required pieces of information needed to approve your expense, and are not acceptable for submission.
- If multiple pieces of documentation are attached, please circle the dollar amount that is being claimed on each piece of documentation.
- The use of a highlighter causes items to not be legible on the documentation; highlighter use is not recommended.
- At the end of the tax year, you are required to provide the IRS with the provider name, address and Tax ID # on Tax Form 2441 in order to obtain the tax advantage for these expenses.

- Payments for dependent care cannot be made to someone you or your spouse claim as a dependent. If the person you make payments to is your child, he or she must be age 19 or older by the end of the year.
- Reimbursement can only be made for expenses for services that have been provided within the plan year.
- According to the IRS regulations, any unused year-end balance in your spending account may not be carried over to the next plan year. Monies must be forfeited to New York State and will be used to defray administrative costs of the NYS Flex Spending Account program.
- If dates of service for which you are seeking reimbursement begin in one plan year and end in the next plan year, a separate Reimbursement Request form is required for each year.
- New York State allows a runout period to submit claims after the plan year ends. The runout deadline is March 31 of the following calendar year.

Tips For Faxing

- Do not use a cover page when faxing the claim form and documentation.
- You will be notified via email of the status of your claim if we have a valid email address on file (to update your email address, please log in to your account at participant.wageworks.com/NYSFSA.com and select "Profile" in the upper right corner of the screen.
- Send only photocopies of your claim form and documentation—keep the originals for your records if submitting via postal mail.
- Submit only claims for your own account.

