

# SPENDING ACCOUNT CLAIM FORM

Please Print:

Name \_\_\_\_\_ Empl. # \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## Medical Spending Account

Reimbursement available only through FlexAmerica. FlexAmerica claim forms may be obtained in Human Resources or downloaded by visiting the FlexAmerica WebSite: [www.flexamerica.com](http://www.flexamerica.com).

## Dependent Care Spending Account

Total Reimbursement Request Amount \$ \_\_\_\_\_

*Attach copy of dependent care expense receipts.*

Name of Dependent \_\_\_\_\_

Dates of Service \_\_\_\_\_

Name and Address of Dependent Day Care Provider to Whom Expense Paid:

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Taxpayer Identification Number \_\_\_\_\_

**I hereby certify that the reimbursement requests I am submitting are IRS eligible expenses and that I have not been previously reimbursed for these expenses. I also understand that FirstHealth of the Carolinas, Inc., its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed By/Date

\_\_\_\_\_  
Approved By/Date

# FirstHealth of the Carolinas

## DEPENDENT CARE SPENDING ACCOUNT CLAIM PROCEDURES

### How to File a Claim:

You must submit a Spending Account Claim Form with documentation of the expense to Human Resources. **Checks are prepared on non-payroll Thursdays for claims received by Monday of that week.**

### Requirements For a Dependent Care Spending Account Claim:

- Name of the provider and recipient of the service.
- The tax identification or social security number of the organization or individual providing the dependent care services.
- The date(s) the care was received.
- The total charge.

Spending Account reimbursements are paid directly to you, not the service provider. Claims are paid in full when they are received, up to the maximum amount you have elected to deposit in your account for the year. Remember, expenses reimbursed for health and dependent care can not be claimed on your tax return.

### Time Limits for Filing Claims:

To be eligible for reimbursement, claims must be received by March 31st of the year following the calendar year the expenses are incurred. If you leave FirstHealth employment, you have 90 days to submit claims for expenses incurred prior to your last day of employment.

## REMEMBER THE “USE IT OR LOSE IT” RULE

**Any balance remaining after expenses have been filed for the year will be forfeited. These funds can not be paid to you, nor can they be carried over to the next year.**