

REQUEST FOR REIMBURSEMENT OF EXPENSES

Name
Social Security Number
Office Location
Employee ID Number
Office Phone Number

(Check only one)

- HEALTH CARE EXPENSES
(Complete Sections A and B)
- DEPENDENT CARE EXPENSES
(Complete Sections A and B)

A. List of Expenses

Date Incurred:	Payment Made to:	Service Provided:	Amount:
Total Expenses:			
Less Expenses that are or will be paid by insurance (health care) or expenses that are or will be used for tax credit (dependent care):			
Equals Reimbursable Expenses:			

B. Spouse and Dependent Coverage

If expenses were for your spouse or for a dependent:

Person's Name:	Date of Birth:	Relationship:
Person's Name:	Date of Birth:	Relationship:

Your spouse is the person to whom you are married at the end of the year. Your dependent is your child, stepchild, parent, other close relative, or a person who lives in your home, if you provide over half of his support.

For Benefits Office Use Only

Amount Paid: \$ _____

Date Paid: _____

Approved By: _____

I certify that the expenses listed above have been incurred by me and qualify for reimbursement under the Flex Fund (see back for description of expenses eligible for reimbursement). Except for cash payments to babysitters, the bills, receipts, cancelled checks, or other evidence of these expenses are attached. I authorize the service provider to release any information requested by the Flex Fund Administrator in connection with this request for reimbursement.

Signature _____ Date _____

A. HEALTH CARE EXPENSES

Health care expenses are expenses incurred by you, for you, your spouse, or your dependents, which have not been and will not be reimbursed by any medical or dental insurance. Health care includes the prevention, diagnosis, treatment and care of a physical or mental defect, illness, injury or disease, the payment of medical insurance, and transportation necessary for health care. Examples of covered health care expenses are listed below.

- a. Amounts that are not paid by the medical and dental plans: deductibles, co-insurance and amounts in excess of plan limits.
- b. The cost of eye examinations, frames, lenses, contact lenses, hearing examinations, and hearing aids.
- c. The cost of routine physical examinations.
- d. The cost of prescription and over-the-counter medicine and drugs.
- e. The cost of transportation primarily for and essential to medical care.
- f. The cost of attending a special school for a mentally or physically handicapped person.

Examples of expenses that are not covered are listed below.

- a. Expenditures that are merely beneficial to the general health of the person, such as exercise, fitness, nutrition, recreation, vacation, or membership in a spa or health club.
- b. Amounts paid for meals and lodging while receiving medical care away from home.
- c. The cost of toiletries or cosmetics.
- d. Premiums under any plan or program.
- e. Expenses for which a dependent care tax credit is taken or for which a dependent care reimbursement is received.
- f. Amounts compensated for by insurance or otherwise.

B. DEPENDENT CARE EXPENSES

Dependent care expenses are expenses incurred by you to enable you to work. If you are married, and your spouse is not a full-time student or is incapable of self-care, the expenses must be to enable you and your spouse to work. The expenses must be for the care of your dependent who is under age 15 and for whom a personal exemption deduction is allowed for federal income tax purposes, the care of your dependent or spouse who is physically or mentally

incapable of self-care, or household services in connection with the care of such a person. Examples of covered dependent care expenses are listed below.

- a. Amounts paid to a child care center, babysitter, or nurse.
- b. Amounts paid for services performed outside your home for the care of your dependent or spouse. If the care is for a dependent who is age 15 or older, or for your spouse, the person must spend at least 8 hours each day in your home.
- c. The full amount paid to a nursery school, even though the school provides lunch and educational services.
- d. Amount paid to a maid or cook, if part of the services are provided to a person who qualifies for dependent care.
- e. Amounts paid to a relative who provides dependent care services, if the relative is not your or your spouse's dependent for whom a personal exemption deduction is allowed for federal income tax purposes, and is not your child or stepchild who is under age 19 at the end of the year.

Examples of expenses that are not covered are listed below.

- a. The cost of food, clothing and education.
- b. The cost of transportation between your house and the place where dependent care services are provided.
- c. The cost of a child care center that provides care for more than six non-residents, but which does not comply with all applicable laws.
- d. Expenses for which a dependent care tax credit is taken, or which are taken as medical care reimbursement.

If you are married at the end of the year, the maximum amount that can be reimbursed is the smaller of your earned income and your spouse's earned income, and you generally must file a joint return. If you are not married, the maximum amount that can be reimbursed is your earned income. If your spouse is a full-time student, or is incapable of self-care, your spouse's earned income is assumed to be not less than \$200.00 per month if you have one person eligible for dependent care reimbursement, and \$400.00 per month if you have two or more people eligible for dependent care reimbursement.