

Dependent Day Care Flexible Spending Account (FSA) Request for Reimbursement



This form is used for eligible dependent day care FSA expenses only. If you are requesting reimbursement from your health care FSA, please use the Health Care FSA Request for Reimbursement Form. To request reimbursement, please complete, sign and return this form with required documentation to TriNet. In order to expedite processing, submit the signed form with your documentation (originals are not required) via case at TriNet (login.TriNet.com) and click Contact TriNet, or via fax, 877.723.0150. Please retain a copy with your records.

You may incur eligible expenses on or after the date your FSA is effective through the last day of the benefits plan year or until your account balance is depleted, whichever comes first. Dependent day care claims must be submitted to TriNet no later than the last day of the fourth month after the end of the plan year.

If you have any questions, log in to TriNet (login.TriNet.com) and click Contact TriNet.*

*If you are unable to log in, go to TriNet (login.TriNet.com) and select on the following options: Forgot Password, Forgot ID, Unlock Account, Login Help.

For more information about documentation, qualifications, and claims, please refer to the TriNet Benefits Guidebook and Summary Plan Description located at [TriNet](http://login.TriNet.com) (login.TriNet.com) Benefits > Resources > Benefits Guidebook.

YOUR INFORMATION - PLEASE PRINT

Legal Name, as shown on your Social Security card (Required)			TriNet Employee ID Number or Social Security number:	
Last:	First:	Middle:		
Complete Address , including PO Box, Apt. #, etc. (Required)				
Street:		City:	State:	ZIP Code:
Work Telephone Number: () -	Email Address:		Company Name:	

DEPENDENT DAY CARE FSA

Please attach an invoice or receipt for each service date. Cancelled checks, credit cards, or cash register receipts are not considered sufficient documentation.

Service Date		Service Provider		Dependent			Disabled	Reimbursement Amount Per Dependent	
From	To	Name	SSN/Tax ID#	Name	Date of Birth	Grade Level	Y/N		
<input type="radio"/> Check the box if this is SUPPORTING DOCUMENTATION ONLY, AND THE CLAIM HAS BEEN ENTERED ONLINE THROUGH TRINET (login.trinet.com).								Total:	0

Dependent Day Care Provider's Signature
(Necessary only if a receipt is not provided)

Print Provider's Name

Date

I understand dependent day care contributions cannot exceed the lesser of my own income or the earned income of my spouse, or \$5,000 during each calendar year. I certify that I (and my spouse or domestic partner, if applicable) require these services to work or look for employment. I have not been reimbursed for these expenses and will not seek reimbursement for them under any other plan, such as my spouse's FSA plan. I understand that I may not claim any federal income tax deduction or credit for the reimbursed expense.

Your Signature (Required)

Date

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QUALIFICATIONS

To qualify for reimbursement from your dependent day care FSA, the following is required:

- Dependent day care expenses must be incurred to enable you and your spouse to work or look for work;
- The person providing the dependent day care service must not be a child of yours under age 19 or a dependent for whom you or your spouse will be entitled to a personal exemption on your federal income tax return. You will be required to provide the Taxpayer
- I.D. (TIN), Employer ID (EIN) or Social Security number of the dependent day care provider on your personal federal income tax return;
- Your expense limit for the federal tax credit is reduced by the amount of reimbursed expenses through your dependent day care FSA;
- Service Date is the date when the participant is provided with the care that gives rise to the expense, and not when the participant is formally billed or charged, or pays for the care;
- Reimbursements can only be provided for qualifying individuals, including:
 - A child under age 13 (son, daughter, stepchild, sibling, step-sibling, or their descendant, including an adopted child lawfully placed with you or a child for whom you have been appointed legal guardian pursuant to a valid court order) who lives with you for more than half of the taxable year, and who has not provided over half of his or her own support for the taxable year;
 - A dependent parent or any other tax dependent of any age (provided the relationship between that person and you does not violate local law), who is physically or mentally incapable of self-care, who lives with you more than half of the taxable year, and if services are received outside of the home, regularly spends at least 8 hours per day in your home; or
 - Your spouse, who is physically or mentally incapable of self-care and lives with you for more than half of the tax year.

IMPORTANT REMINDERS AND HELPFUL CLAIM INFORMATION

Any claims submitted after the fourth month following the end of your plan year will not be considered. **Any funds left in this account due to lack of claim submission, late submission, incomplete documentation, or ineligible expenses will be forfeited, as required by the IRS.**

Please note that if your reimbursement request exceeds your account balance, you will be reimbursed up to the amount in your account. As payroll deductions occur, we will reimburse your claims until paid in full or your election has been exhausted.

Examples of Eligible Dependent Day Care FSA Expenses:

- Day care expenses
- Before and after school day care expenses
- Child or adult day care expenses for a disabled dependent
- Day camp (excluding registration fees, field trips, meals) - must be primarily custodial in nature

Examples of Ineligible Dependent Day Care FSA Expenses:

- Overnight camp expenses
- Meals
- Lessons (e.g., karate, piano, after-school tutoring)
- Tuition or educational expenses for grades K-12
- Late payment fees
- Transportation expenses
- Services outside of the United States

For more information, reference the TriNet Benefit Guidebook located at [TriNet](#) (login.TriNet.com) Benefits > Resources > Benefits Guidebook.

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