

Instructions

1. Employee must complete **Employee Information**.
2. Complete this **Request for Reimbursement Form** in its entirety. Please ensure your supporting documentation clearly indicates the requested amount. You must submit a claim for each reimbursement. You may not submit one claim at the beginning of the year for the entire plan year.

Eligible expenses are defined in your Summary Plan Description. Such expenses include, but are not limited to after-school care, extended day programs, au pair services, babysitter in or out of the home, nanny day care expenses, sick child facility, and summer day camp for your qualifying child who is age 12 or under. Also eligible, custodial or elder day care expenses of a qualifying individual, educational expense for pre-school / nursery school, FICA / FUTA taxes of the dependent care provider.

Ineligible expenses include but are not limited to airfare, living expenses or other fixed costs for a nanny or au pair, gardening services, kindergarten expenses, nursing home expenses, overnight camp expenses, meals, certain registration fees and educational expenses (tuition).

NOTE: There is a special rule for children of divorced parents. The child is a qualifying individual of the "custodial parent", as defined in Code Section 152(e).

3. Check the appropriate box in **Provider Certification**. If both the employee and provider certifications are completed and signed, additional documentation is not required. For claim forms without the provider's signature, an itemized statement from the dependent care provider is required. Itemized statements should include the date(s) of service, the name and date of birth of the dependent, itemization of charges and the provider's name, address, and Tax ID/SS number. If mailing small receipts, we suggest you tape them to a standard size sheet of paper. However, faxing the claim will produce a quicker turnaround time.
4. Sign and date **Employee Certification**.
5. **Submit reimbursement form and copies of supporting documentation to Anthem Blue Cross and Blue Shield (Anthem) Flexible Benefits Services:**

Fax: (866) 538-6972 Phone: (877) 451-7244
P.O. Box 660165
Dallas, TX 75266-0165

Si necesita ayuda en español para entender este documento, puede solicitar sin costo adicional, llamando al número de servicio de cliente que aparece en la parte posterior de su tarjeta de identificación o en la parte inferior de la presente carta.

Employee Information

Employer Name _____ Employee ID Number _____
 Employee Name _____ Account Number / SSN _____
 Street Address _____ Daytime Phone Number _____
 City _____ State _____ ZIP _____

Do you want to know if Anthem received and processed your claim? Please provide your email address:

Email Address _____

Claim Information

Dependent Care Provider _____ Tax ID Number / SSN _____
 Street Address _____ City _____ State _____ ZIP _____

Dependent Name	Date of Birth	Date(s) of Service (MM/DD/YYYY)	Requested Amount
_____	_____	From: _____ To: _____	\$ _____
_____	_____	From: _____ To: _____	\$ _____
_____	_____	From: _____ To: _____	\$ _____
_____	_____	From: _____ To: _____	\$ _____

Total Amount Requested* (Continue on additional page if necessary) \$ _____

Provider Certification

Provider Signature _____ Date _____

Provider's signature certifies dependent care services have been provided.

Please note that reimbursement of approved expenses will not be sent directly to your provider.

- My provider has signed the claim form.
- I have attached itemized receipt(s) or statement(s) from my dependent care provider.

Employee Certification

- I certify the expenses listed for reimbursement are eligible dependent care expenses under the Internal Revenue Code and my employer's Flexible Benefits Plan ("Plan");
- I certify the services listed above have been received by my qualifying individual (as defined in the Summary Plan Description);
- I certify these expenses have not been submitted previously for reimbursement under the Plan and such items have not and will not be covered by any other plan or program of any employer or other person;
- I understand my employer does not accept responsibility for direct payment to any individuals other than the employee;
- I understand the dependent care expenses reimbursed may not be used to claim a deduction or credit on my federal income tax return;
- I agree to file IRS Form 2441 with my tax return and make reasonable attempts to obtain the care provider's tax identification number;
- I understand any unused contributions will be forfeited to my employer at the end of the plan year;
- I understand any amount I receive over the statutory limits may not be excluded from my income and my maximum allocation may not exceed the earned income limitation as described in the Summary Plan Description;
- If my employer has adopted a grace period, I understand eligible expenses incurred and approved during a grace period will be paid first from any available amounts remaining in the plan year to which the grace period applies and then from the current plan year. If claims are submitted out of order, Anthem will provide a one-time reallocation at the end of the run-out period;
- In the event of an erroneous or excess reimbursement, I understand I am required to reimburse the Plan for the improperly paid amount. I also understand failure to repay the Plan could result in adverse income tax consequences;
- By providing my email address, I authorize Anthem to send account information to me via email.

Employee Signature _____ Date _____

* Only the "Amount Requested" will be paid, rather than the "Total Charges" for all "Date(s) of Service."

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Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.