

Company Name:			
Employee Name:			
E-mail Address:		Employee Phone Number:	
Mailing Address: Street	City	State	Zip

Name of Day Care Provider (required): _____

Provider Federal ID or Social Security Number (required) _____

Claim Information:

Claim Ref.	Date(s) of Service:	Who Received Care:	Age of Child:	Description of Service:	Amount:
1.					
2.					
3.					
4.					
Total					

Certification from Provider (if not supplying receipts):

We certify that we have provided Dependent Care services for the above employee and that the information they have provided above regarding dates and dollars amounts is accurate:

Provider Signature _____

I request that the expenses listed above be paid to me from my Cafeteria Compensation Flexible Spending Accounts. I certify that I have not and will not be reimbursed for these amounts from any other source. These expenses were incurred while I have been a covered plan participant and to the best of my knowledge are reimbursable by the plan. I have attached receipts or billings supporting all expenses.

Employee Signature

Date

Reminders:	Mail To:
<ul style="list-style-type: none"> ➤ Dependent Care claims will be reimbursed to the participant up to the balance available in the account. ➤ Provider's Federal I.D. or Social Security Number must be provided on the claim form ➤ Participant must sign and date the claim form 	Horizon Agency, Inc. FSA Claims Department 6500 City West Parkway #100 Eden Prairie, MN 55344 Fax To: 952-914-7195

DEFINITION OF AN ELIGIBLE DEPENDENT:

An eligible dependent is defined as any person who can be claimed by an employee as a dependent for federal tax purposes and who:

- is under the age of 13
- requires full-time care because of physical or mental incapacity
- is the spouse of the employee and is physically or mentally incapacitated

ELIGIBLE CHILD CARE SERVICE CRITERIA:

- The child must be under 13 years old and must be your dependent under federal tax rules. Note: If you child turns 13 during the year, you cannot stop your contribution at that time.
- The services must be provided inside or outside your home, but not by someone who is your minor child or dependent for income tax purposes.
- If services are provided by a day care facility that cares for six or more children at the same time, it must be a qualified day care provider.
- The service must enable you, or you and your spouse if you are married, to be employed
- Services must be for the physical care of the child, not for education, meals, etc.

ALLOWABLE DEPENDENT CARE EXPENSES INCLUDE:

Child Day Care	Pre-School Expenses
Before/After School Care	Family Day Care Home
Summer Day Camp (can't include overnights)	Senior Day Care Home
Baby-sitter, Nanny, Au Pair	Home Health Agency

DEPENDENT CARE EXPENSES THAT ARE NOT ELIGIBLE:

Kindergarten Expenses	Educational Expenses - 1st grade and above
Overnight Camps	Transportation and Food Expenses

ADDITIONAL CONSIDERATIONS:

- You cannot claim expenses paid to a dependent under the age of 19.
- You cannot claim the same expenses on your personal income tax return.
- You cannot claim the same expenses on a spouses 125 plan if you are claiming them.
- Funds contributed to this account that are not spent at the end of the year are forfeited

ABOUT FAXING CLAIM FORMS:

Once your claim form is received we will schedule the claim for normal processing. All fax machines do not transmit a clean, scannable image, even though you may receive a confirmation notice from your machine. If a claim form is incomplete or invalid, you will be notified either by mail or e-mail with a letter of rejection. **We cannot confirm receipt of faxes. If you experience repeated problems or delays with faxing, submitting your claims by mail may be a better option.**

ABOUT E-MAILING CLAIM FORMS:

We do accept scanned claim forms via e-mail. Please use the following e-mail address: café@horizonagency.com. The same processing issues apply as with faxed forms.

CLAIM FORM DO'S AND DON'T'S

DO.....Retain copies of the claims you send in for your tax records. Copies of your claims will not be available to you from Horizon Agency without substantial cost to you.

DO.....Verify that the expenses that you are submitting are eligible for reimbursement.

DO.....Be sure to sign your claim form

DON'T.....Fax faint or illegible receipts

DON'T Send canceled checks as a form of receipt

DON'T Submit credit card receipts that do not clearly state dates and types of services incurred.

DON'T.....Send duplicate vouchers if you are faxing claims.

QUESTIONS? CHANGES?

Customer services representatives are available to help you Monday through Friday between 7:00am and 4:30pm CT. You can contact Horizon Agency:

By phone: 952-944-2929

By mail: 6500 City West Parkway, Suite 100, Eden Prairie, MN 55344

By E-mail: café@horizonagency.com

Also, you can view helpful account information online at www.horizonagency.com.