



Use the Health Choices FlexMobile App to submit your reimbursement request with the snap of a photo. Or log on to <https://myflexconsumer.lh1ondemand.com> to upload receipts and submit claims.

## Dependent Care Expense Claim Form

### Employee Information

Last Name	First Name	Date of Birth
Social Security Number	Employer Name	Email Address

### Dependent Care Flexible Spending Account

Date(s) service was incurred	Name of Dependent	Relationship to Employee	Age	Amount requested for reimbursement
				\$
				\$
				\$
				\$
Total reimbursement requested				\$

### Daycare Provider Information

If supporting documentation isn't submitted, then this section will need to be completed by the Daycare Provider.

Daycare Provider Name	Tax ID# or Social Security #
Daycare Provider Signature	Date

### Employee Certification

I hereby certify that the above information is correct; I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for eligible dependents; I have not received reimbursement previously for these expenses from any other plan; the total of any reimbursed dependent care expenses does not exceed my or my spouse's earned income for the year (see IRS Publication 503). I have read the printed materials I have received describing this plan; I will retain a copy of this form and all original receipts for my records; I am responsible for compliance with all applicable tax regulations and administrative processes. I am responsible for any bank, savings or checking account charges that I incur; and that expenses reimbursed through this account cannot be used as a deduction on my personal income tax return. I understand that if I receive an overpayment, I am responsible for returning that overpayment back to Health Choices or Health Choices may offset future reimbursement equal to the overpayment until the overpayment has been recouped.

Employee Signature	Date
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### **What's a reimbursable dependent care expense?**

It's an expense for care provided to eligible children under the age of 13 or who meets the "Qualifying Person Test". The test is described in IRS Publication 503, which can be found at [irs.gov](http://irs.gov). For example, it can be used to pay for care provided in a licensed daycare, in-home, or preschool facility; before or after school programs; or elder care.

### **What is not considered a reimbursable dependent care expense?**

The following types of expenses can't be reimbursed:

1. Dependent care provided by you, your spouse, or someone you or your spouse claim as a tax dependent.
2. Educational expenses and tuition fees for children in kindergarten and up.
3. Expenses for activity fees such as field trips, swim lessons, art classes, books, supplies, and meals.

### **What kinds of documentation can I send?**

You'll need to send one of the following:

1. A completed "Dependent Care Expense Claim Form" with the Daycare Provider's signature, or
2. An itemized statement or receipt with the:
  - a. Daycare Provider's name and Tax ID number.
  - b. Name of the dependent who received the service and their relationship to you.
  - c. Date of service.
  - d. The dollar amount for the service.

### **How to submit the form for reimbursement.**

*Mail to:* Health Choices  
Attn: Flexible Spending Department  
1605 Associates Drive, Suite 101  
Dubuque, IA 52001

*Email to:* [flexprocessing@mahealthcare.com](mailto:flexprocessing@mahealthcare.com)

*Fax to:* 563-556-5134

### **Questions?**

If you have additional questions, call Health Choices at 563-584-4853 or 866-682-2993.