

State of Connecticut Dependent Care Assistance Program Claim Reimbursement Form

Revised 11/11



EMPLOYEE NAME SOCIAL SECURITY NUMBER EMPLOYEE NUMBER DAYTIME PHONE NO.

HOME ADDRESS (<input type="checkbox"/> Check if new address)		CITY, STATE, ZIP CODE			
EMAIL ADDRESS (if not on file)					
DEPENDENTS FOR WHOM EXPENSES ARE CLAIMED					
Relationship	First Name, Middle Initial, Last Name	Social Security No.	Sex	Date of Birth	
				Month	Day Year
CLAIM REIMBURSEMENT INFORMATION					
DATES OF SERVICE		DCAP Provider Name	DCAP Provider Address	Provider Tax ID/SSN	CLAIM AMOUNT
FROM	TO				
					\$
					\$
					\$
					\$
					\$
TOTAL:					\$

I certify that pursuant to Internal Revenue Code Section 129, the expenses for reimbursement requested from my account were incurred by me and are for the dependent(s) covered under my DCAP.

I certify that pursuant to IRS regulations, the expenses were not reimbursed by any other plan and to the best of my knowledge and belief are eligible for reimbursement under my DCAP Flexible Spending Account.

I certify that the claim submitted is only for reimbursement of my dependent care expenses and that the dependent care services were actually incurred during the plan year.

I certify that I will not use the expense reimbursed through this account as deductions or credits when filing my individual income tax return.

I understand that any amounts remaining in my DCAP account that have not been used for eligible expenses incurred during the plan year (January 1 – December 31) must be claimed for reimbursement no later than March 31 of the following year. After that date all remaining funds will be forfeited in accordance with current plan provisions and Internal Revenue Code requirements.

Employee Signature _____

Date _____

Claim Submission Instructions

1. Attach proof of expense(s) incurred to this form.
2. Make copies for your records.
3. Note: Unless a change has occurred, SSN, address, daytime phone number and email address need only be provided at initial claim submission thereafter name & employee number is sufficient.

KEEP A COPY FOR YOUR RECORDS