

- ORIGINAL SUBMISSION
 RESUBMISSION



Flexible Spending Dependent Care Reimbursement Account Request

A. INSTRUCTIONS

- Complete sections B, C, and D below
- Please include an itemized statement or bill from your provider indicating dates services were incurred. The following information should be included:
- Provider name and address 2) Provider Tax Identification Number 3) Itemized charges 4) Date of service
- Cancelled checks, non-itemized receipts and balance due bills are **NOT ACCEPTABLE** proof of expenses
- You can file claims online: www.umar.com
- You can fax completed claim form and supporting documentation toll free to **877-390-4782**
- You can also mail the completed form and supporting documentation to: **UMR / PO Box 8022 / Wausau WI 54402-8022**
- You can email the completed form and supporting documentation to: **umar-fsa@umar.com**
- If you have questions, please call: **800-826-9781** and say **consumer accounts** when prompted

B. EMPLOYEE INFORMATION

UMR MEMBER IDENTIFICATION NUMBER		EMPLOYER	
PLAN YEAR EXPENSE SUBMITTED FOR (YYYY)	PHONE	E-MAIL ADDRESS	
EMPLOYEE LAST NAME		EMPLOYEE FIRST NAME	
ADDRESS	CITY	STATE	ZIP CODE

C. DEPENDENT CARE EXPENSES

DATE(S) OF SERVICE FROM MM/DD/YY	DATE(S) OF SERVICE TO MM/DD/YY	DAYCARE PROVIDER NAME AND TAX ID NUMBER	DAY CARE PROVIDER'S SIGNATURE (SERVICES MUST HAVE BEEN INCURRED)	AMOUNT REQUESTED
				\$
				\$
				\$
				\$
				\$
				\$

TOTAL REIMBURSEMENT REQUEST: \$

*** Please note claims submitted will be used to offset any overpayment amounts before any reimbursement can be made. ***

D. CERTIFICATION

I certify that the expenses for which I am requesting reimbursement meet all the following conditions listed below:

- The services were incurred for my eligible dependents under the plan
- The services that were incurred were incurred on or after the effective date of my dependent care spending account
- I have not been reimbursed for these expenses in any other way

I certify that I have not deducted or will not deduct on my individual income tax return any of the expenses reimbursed through my dependent care spending account. I understand that reimbursement will be made in accordance with the provision of the plan. I accept responsibility for the proper treatment of benefits paid under this plan with respect to eligibility, income tax reporting, and liability.

EMPLOYEE SIGNATURE (REQUIRED)	DATE
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Reimbursement Instructions

Eligible Services and Documentation Requirements:

The expense must be a dependent care-related expense incurred by you for one or more of your eligible dependents. This means amounts paid for the care of your qualified dependent(s) so you and your spouse can work or look for work.

Supporting Documentation must accompany this request form. Please adhere to the following guidelines:

DO	DO NOT
<ul style="list-style-type: none"> ➤ Have the day care provider sign the claim form ➤ Complete the total requested amount ➤ Send the documentation on white paper, carbon copies and colored paper are not legible when scanned ➤ Tape small receipts to a standard 8.5" x 11" sheet of blank paper and ensure print is legible ➤ Make a copy of the form and documentation for your personal records 	<ul style="list-style-type: none"> ➤ Do not submit balance forward statements ➤ Do not submit bank statements ➤ Do not highlight names, prices or dates on receipts, doing so makes them illegible when scanned

Actual Dates of Service must be indicated on the claim form. The IRS allows reimbursement for services when the care is provided, which may not be the actual date that the expense is paid or is formally billed for the charges.

EOB E-mail Notification allows you to receive an e-mail notifying you once your claim has been processed and an EOB is available to view online. Signing up is easy and convenient at www.umar.com.

Web Claim Submission allows you to submit your claim online at www.umar.com and upload your supporting document.

Payments are issued when funds are available and after contributions are made to the account.

Eligible and Ineligible Expenses include the following:

Eligible	Ineligible
<ul style="list-style-type: none"> ➤ Before and after school care ➤ Application fee, deposits and registration fees are eligible for reimbursement once the services are incurred ➤ Babysitter ➤ Day camps (special activity camps such as soccer) ➤ Childcare ➤ Preschool 	<ul style="list-style-type: none"> ➤ Kindergarten fees (unless your plan document states differently) ➤ Tuition expenses for educational services ➤ Payments made to provider for periods when the employee is on vacation ➤ Diaper service ➤ Summer school