

Select one:

Original submission

Resubmission



A UnitedHealthcare Company

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:
 - (1) provider name and address
 - (2) Provider Tax ID Number
 - (3) itemized charges
 - (4) date(s) of service
- Cancelled checks, non-itemized receipts and balance due bills are NOT ACCEPTABLE proof of expenses
- You can file claims online at **umr.com**
- You can fax your 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 **electronically sign the form** by downloading it to your device. Once you download it and complete it, use the auto signature field to sign it electronically and save it to the device
- If you have questions, please call **800-826-9781** and say "consumer accounts" when prompted

B. Employee information

UMR Medical Identification Number _____ Employer _____

Plan year expense submitted for (YYYY) _____ Phone _____ Email 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	Daycare provider's signature (services must have been incurred)	Amount requested
MM / DD / YY	MM / DD / YY			\$ _____
MM / DD / YY	MM / DD / YY			\$ _____
MM / DD / YY	MM / DD / YY			\$ _____
MM / DD / YY	MM / DD / YY			\$ _____
MM / DD / YY	MM / DD / YY			\$ _____
TOTAL REIMBURSEMENT REQUEST				\$ _____

If any of the amounts requested are to be used to offset an overpayment or substantiate a card transaction please check here. Please note claims will be used to offset any improper/unsubstantiated debit card transactions 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:

- The services were incurred for my eligible dependents under the plan
- They were for services or supplies furnished on or after the effective date of my IRS employee spending account
- I have not been reimbursed for these expenses in any other way

I understand that reimbursement of these expenses should be requested and made only after I have collected all benefit payments available from all plans under which my eligible dependents and I are covered. I further certify that I have not deducted or will not deduct on my individual income tax return any of the expenses reimbursed through my health care reimbursement account. I understand that reimbursement will be made in accordance with the provisions 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 MM / DD / YY

(Continued)

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 so you and your spouse can work or look for work. A listing of eligible and ineligible expenses can be found online at www.umar.com

DO

- Submit services after they have been incurred
- Have the day care provider sign the front of the claim form if the services have been incurred to eliminate the need to send any other documentation
- 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

DO NOT

- 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.

Explanation of benefits (EOB) email notification allows you to receive an email notifying you once your claim has been processed and an EOB is available to view online. Signing up is easy and convenient at umar.com.

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

Payments: Reimbursements are issued up to your year-to-date contributions/deposits, not the annual election.

Some common eligible and ineligible expenses include the following:

Eligible

- Before and after school care
- Application fee, deposits and registration fees are eligible for reimbursement once the services are incurred
- Nanny services
- Day camps (special activity camps such as soccer)
- Childcare
- Preschool

Ineligible

- 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