



DESERET MUTUAL USE ONLY

FLEXIBLE SPENDING ACCOUNT CLAIM FORM FOR DEPENDENT CARE EXPENSES

TO AVOID DELAY, READ AND COMPLETE THE ENTIRE FORM

EMPLOYEE	DESERET MUTUAL IDENTIFICATION NUMBER	EMPLOYER NAME	
STREET	CITY	STATE	ZIP CODE
HOME TELEPHONE ()	WORK TELEPHONE ()		

SIGNATURE

I certify that these expenses are not reimbursable from any other benefit program and will not be claimed as income tax deductions. I am requesting reimbursement only for qualifying expenses incurred during the plan year for eligible plan participants. Dependent-care expenses do not exceed my earned income or my spouse's earned income, whichever is less. I authorize my Flexible Spending Account(s) to be reduced by the amount requested.

Policy Holder's Signature: _____ Date: _____

Expenses incurred between January 1 and March 15 are eligible for reimbursement from either the current or the previous Flexible Spending plan year. If you are seeking reimbursement for expenses incurred within that time period, please mark one of the boxes below to indicate which plan year you would like these funds to be reimbursed from first:

Previous Year	Current Year
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If you do not indicate the plan year from which you are seeking reimbursement, eligible expenses will be paid using the previous year's balance (if one exists) until it has been exhausted or until all eligible expenses have been paid.

TOTAL EXPENSES BEING CLAIMED

DEPENDENT CARE SERVICE(S): INCLUDE DEPENDENT'S NAME AND SERVICE DATES	INCLUDE PROVIDER NAME AND TAX ID OR SOCIAL SECURITY NUMBER	TOTAL AMOUNT
		\$

DOCUMENTATION REQUIRED FOR DEPENDENT CHILD CARE (DAY CARE):

- Attach an invoice or a copy of the cancelled check for payment to a day-care center or to an individual who provides the care, it must include:
 - Dependent's name
 - All service dates
 - Name, address, and tax identification number (or Social Security number) of the organization or the individual providing services
 - Description of the services provided
 - We cannot reimburse you in advance for future or projected dependent care expenses; you may only be reimbursed for expenses you have already incurred.
- Dependent care is care provided for dependents who you claim on your tax return and who are children younger than 13 or who are physically or mentally incapable of self-care and regularly spend at least eight hours a day in your household (this does not mean daily, but frequently, on a regular basis).

CAREFULLY READ THE BACK OF THIS FORM. YOUR CLAIM WILL NOT BE PAID IF YOU DO NOT SUBMIT THE CORRECT INFORMATION OR YOU DO NOT SIGN THE FORM ABOVE. RECEIPTS SHOULD BE SUBMITTED ON A SEPARATE PIECE OF PAPER.

DOCUMENTATION REQUIRED FOR DEPENDENT CARE (DAY CARE) EXPENSES:

- If the provider takes care of more than six children (not including his/her own), he/she must be licensed by the state.
- Tuition and fees for private school/lessons are not covered (sports, music, etc.).
- Persons providing the dependent care cannot be:
 - Claimed as a dependent on your income tax return
 - Claimed as a dependent on your spouse's income tax return
 - Your child or stepchild younger than 19
 - Your spouse
- Both parents must be actively employed to be eligible for dependent care claims.

GENERAL INFORMATION:

- A signed Flexible Spending Claim Form must be submitted with each batch of requests for reimbursement.
- Expenses paid by your Flexible Spending account(s) cannot be claimed as income tax deductions.
- Reimbursements will be paid twice monthly.
- When you receive your check, you will also receive an explanation of what has been paid.
- The Flexible Spending plan year is 14½ months long, extending from January 1 through March 15 of the following year.
- Claims for the plan year must be submitted by April 30 of the following year.
- To access your Flexible Spending account balance, deposit history, and claims history, visit our Web site at www.dmba.com.

SUBMITTING YOUR CLAIM:

- Send this Claim Form and any necessary attachments to:

Deseret Mutual Benefit Administrators — Flexible Spending
P.O. Box 45530
Salt Lake City, Utah 84145

IF YOU HAVE ANY QUESTIONS:

- Write to the address above, call Deseret Mutual at the appropriate telephone number, or visit our Web site:

Salt Lake City area 1-801-578-5600

Toll free 1-800-777-3622

Web site www.dmba.com