

Instructions

Please complete all sections below. Return the completed Reimbursement Claim Form with receipts to the fax number or address below. *The documentation must contain date(s) of service, name of the service provider, description of the expense/service, tax ID or Social Security Number of the provider and amount charged.* This form must be signed and dated in order to be processed and approved. **Important: Keep a copy of this form and receipts for your records.**

Participant Information

Employer Name

Participant's First Name

Participant's Last Name

Social Security Number

Email Address

Phone Number

Claim Information

Dependent Care Provider

Tax ID **(Required)**

I, the Dependent Care Provider, certify that the services listed below were rendered by me and the charges incurred have been paid.

Provider's Signature (Required only if claim is submitted without receipt/statement from Provider)

Date

Start Date of Service

End Date of Service

Dependent's Name

Amount Requested

Start Date of Service	End Date of Service	Dependent's Name	Amount Requested
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Total Reimbursement Requested

Certification

I request payment from my reimbursement account for the expenses itemized above. I certify that I have not previously requested reimbursement under this plan or from any other source for these expenses. I further certify that I have met the requirements for eligible dependent care expenses as described on the second page of this form. I understand that reimbursement expenses cannot be claimed on my personal income tax return.

Signature

Date

ADDITIONAL INFORMATION REGARDING REIMBURSEMENTS

DEPENDENT CARE ELIGIBLE EXPENSE INFORMATION

In general, the following rules apply to dependent care expenses:

- No participant shall be allowed to defer more than \$5,000 if married filing jointly or \$2,500 if married filing separately. The maximum that can be deferred under this program shall be the lesser of \$5,000 or the earned income of the participant's spouse.
- Expenses must be for the care of a dependent **under the age of 13** for whom the employee is entitled to a dependent deduction under the Internal Revenue Code Section 151 (e), or a spouse or other person who lives with the employee for more than half the year and who is physically or mentally incapable of caring for himself or herself.
- The expenses claimed must be for care of an eligible dependent during the employment related activities of the employee and spouse, if applicable.
- Overnight camp and kindergarten or other educational services (lessons, tutoring, classes, etc.) are not eligible expenses.
- Payments cannot be made to a person who is claimed as a dependent by the employee.
- If the services are provided by a dependent care center which provides care for more than six individuals, the center must comply with state and local laws.
- Dependent care expenses are reimbursed when payroll contributions are received and processed by Sentinel Benefits & Financial Group.

More information about Dependent Care Expenses can be found on our website at [sentinelgroup.com](https://www.sentinelgroup.com).

Required Supporting Documentation

The following must be included with your claim submission:

1. Completed claim form, including all claim information. Please note that the provider's Tax ID or Social Security Number is REQUIRED to process the claim.
2. One of the following:
 - Cancelled check or receipt from the caregiver detailing date(s) of service, name of the service provider, description of the expense/service, and amount charged; or
 - Signature from caregiver certifying care provided

NOTE: DIRECT DEPOSIT IS THE QUICKEST WAY TO RECEIVE YOUR REIMBURSEMENT

Reimbursements will be faster if you have signed up for direct deposit. To request direct deposit, simply log into your account at [sentinelgroup.com](https://www.sentinelgroup.com) and add your banking information to your profile.

Claims faxed in good order by 5:00 PM ET on Wednesday will be processed by Friday. (Holidays may impact this schedule).