



PA State System of Higher Education | Benefits, Hughes Hall | 2986 North Second Street | Harrisburg, PA 17110-1201 | Fax #717-720-4162 | www.passhe.edu

REIMBURSEMENT FORM FOR DEPENDENT CARE REIMBURSEMENT ACCOUNT

INSTRUCTIONS

- Attach receipts, cancelled checks, or bills from the dependent care provider
- Mail or fax completed form along with appropriate documentation to address or fax number at top of this form
- All spending account funds are paid directly to the employee through biweekly paychecks or direct deposit; reimbursement will not exceed account balance
- Any leftover funds from your prior calendar year's contribution will be used to reimburse claims that are incurred in January and February of the following year

EMPLOYEE INFORMATION

NAME (Last, First, MI)	EMPLOYEE ID NUMBER	UNIVERSITY
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SUMMARY OF EXPENSES

If dependent care is provided by one of your children, please provide that child's age:

Dependent Name	Age	Provider	Provider Tax ID	Date(s) of Service	Amount to be Reimbursed
(For OC Use Only) Paydate Reimbursed				Total: \$	

CERTIFICATION

I certify that:

1. Dependent Care expenses were incurred to enable me to work.
2. The person providing the Dependent Care service is over 18 years of age and is not my spouse or a dependent for whom I am entitled to a personal exemption on my Federal income tax return.
3. The children being cared for are less than 13 years old and are claimed as an exemption deduction on my Federal income taxes.
4. Older children or other dependents are physically or mentally unable to care for themselves, reside in my home a minimum of 8 hours per day, earn less than \$3,200 a year, and reside with me for more than half of the year.
5. My spouse (if married) was either (1) employed, (2) a full time student, or (3) incapable of self-care during the period the expenses were incurred. The amount of reimbursable expenses will not exceed the lesser of my earnings or my spouse's earnings for the year.
6. Neither I, nor my spouse, nor my dependents have received reimbursement for these claimed expenses from this Dependent Care Account or from another source.
7. Any expense for which I am reimbursed will not be used to claim a Federal income tax credit.
8. I understand that if I do not provide required documentation, I will not be reimbursed.
9. If I receive reimbursement for Dependent Care expenses that are not eligible, I agree on demand to indemnify and reimburse the Pennsylvania State System of Higher Education for any liability it may incur for failure to withhold Federal income tax or Social Security tax up to the amount of additional tax actually owed by me.

Employee Signature

Date