## **Revolving Dependent Care Flexible Spending Account Claim Form Instructions**

Please follow the below instructions when submitting a revolving/auto payment claim for dependent care

1. Dates of service begin and end date should reflect the *entire period of time* for which the claim is being submitted. If this is not entered in as needed, the claim will be denied.

Example 1 — Entire Year: Service Start Date is 01/01/2020 Service End Date is 12/	/31/2020.
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SERVICE TYPE	SERVICE START DATE (MM/DD/YY)		AMO	UNT				
CHILD ADULT SENIOR	0 1 0 1 2 0	\$	5	0	0	0	1	0
DEPENDENT NAME: Child Thomas	SERVICE END DATE (MM/DD/YY)	L		_		_	•	
	1 2 3 1 2 0							
Example 2 - Period of Months: Service Start Date	is 01/01/2020 Service End Date is	s 05	5/31	/202	0.			
SERVICE TYPE	SERVICE START DATE (MM/DD/YY)		AM	OUN	г			
CHILD ADULT SENIOR	0 1 0 1 2 0	\$	3	5	0			
DEPENDENT NAME: Child Thomas	SERVICE END DATE (MM/DD/YY)							
	0 5 3 1 2 0							
Example 3 - Summer-time Camp: Service Start Do	ate would be 06/01/2020 Service	Ena	l Da	te is (	07/30	0/20	20.	
SERVICE TYPE	SERVICE START DATE (MM/DD/YY)		AM	TAUC				
CHILD ADULT SENIOR	0 6 0 1 2 0	\$	2	0	0	0	1	0 0
DEPENDENT NAME: Child Thomas	SERVICE END DATE (MM/DD/YY)						•	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	0 7 3 0 2 0							

2. Amount listed should reflect the *total amount to be paid during that period* of time listed. Example 1 – Entire Year: Total amount listed is the total amount to be paid or your maximum annual election



Example 2 & 3 - Period of Months or Summer-time Camp: Total amount to be paid during that specific period of time.



3. Provider must sign the form attesting to the total cost the employee will pay during that period of time.

Everything else on the form should be completed as requested and employee is not required to submit receipt as the expense will not have yet been incurred.