

County of Dutchess FLEXIBLE SPENDING ACCOUNT • REIMBURSEMENT REQUEST FORM

PLEASE READ THE INSTRUCTIONS ON THE BACK OF THIS FORM PRIOR TO COMPLETION.
PLEASE STAPLE SUPPORTING DOCUMENTATION TO THE BACK OF THIS FORM.

A. NAME _____ HOME PHONE () _____ DAY PHONE () _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 SOCIAL SECURITY NO. _____ EMPLOYER _____

B. HEALTH CARE ACCOUNT							
Do you have coverage for medical expenses? Is your medical coverage provided through an HMO plan? Is any portion of the service covered by your medical coverage?		Yes; Yes; Yes;	No; No; No;	Was the amount applied to your deductible: Was the amount you paid a co-payment?		Yes; Yes; Yes;	No; No; No;
SUMMARY OF EXPENSES							
Name of person receiving services	Relationship to employee	Provider of services	Expense	Dates of service		Amount to be reimbursed	
				From Mo/Day/Yr	To Mo/Day/Yr		
TOTAL							

C. DEPENDENT CARE ACCOUNT							
Is the facility Tax Exempt?		Yes ;	No ;	Tax ID# or social security # of Day Care provider			
SUMMARY OF EXPENSES							
Name of person Receiving services	Age and grade	Relationship to employee	Provider of services and address	Dates of service		Amount to be reimbursed	
				From Mo/Day/Yr	To Mo/Day/Yr		
TOTAL							

SIGNATURE OF DAY CARE PROVIDER _____ or receipt including Tax Number or Social Security Number.
 The above is a true and accurate statement of unreimbursed medical or dependent care expenses provided to me or my eligible dependents on the date(s) indicated.
 I have read and understand the information on the back of this form. I understand that I am responsible for misrepresentation regarding requests for reimbursement.

SIGNATURE: _____ DATE: _____

Instructions for Reimbursement

General Instructions

- To request reimbursement, a statement, bill or receipt from your service provider(s) showing the services received, must be attached. This statement must clearly identify the service provider, date and type of service provided, and the amount of expense. Please note that a signed receipt is required for Dependent Care reimbursement as noted below.
- Reimbursement cannot be claimed if the cost can be reimbursed under any other source.
- Services must have been incurred to receive reimbursement. You may not request reimbursement until you have received the service, regardless of when you pay for it.
- Reimbursement can only be made for expenses resulting from services that have been provided within your period of coverage:
 - The expenses for which you receive reimbursement cannot be claimed on your income tax return.
 - If dates of service begin in one plan year and end in the next plan year, and you are enrolled for both years, please prorate the expenses and complete a separate form for each plan year.
 - Your employer has allowed for a 90 day grace period after the end of your plan year during which you may submit reimbursement requests for services which occurred during the period of coverage.
 - Copies of cancelled checks are not sufficient documentation of incurred expenses.
 - Be sure to sign and date this form, after reading it carefully.

Additional Health Care Flexible Spending Account Instructions

- Make sure you complete Section B in its entirety.
- Health Care reimbursement requests must be submitted with copies of a statement, bill or receipt from your service provider(s) showing the date that the service has been received.
- For reimbursement of prescription costs, you must supply the prescription name and number.
- Expenses for "cosmetic surgery" are ineligible for reimbursement through a Health Care account.
- Orthodontic procedures for primarily cosmetic reasons are not eligible for reimbursement.
- If you are not covered by an HMO, you must also submit copies of the "Explanation of Benefits statement" (EOB) issued to you by your insurer, or a letter specifically explaining the expense is not covered by your insurance.
- An "Explanation of Benefits statement" is not required if the entire expense for medical services is being applied to your deductible.

Additional Dependent Care Flexible Spending Account Instructions

- Make sure you complete Section C in its entirety.
- The dependent care expenses must be provided to allow you or/and your spouse to work or to look for work. Your spouse is considered working if he or she is a full time student or incapable of self-care.
- The total dependent care expenses this year can not exceed the lesser of your or your spouse's earned income for the year as adjusted for disability or periods of schooling or searching for employment.
- According to IRS regulations, dependent care reimbursement requests cannot be processed without receipts from the provider showing the name, address, and tax I.D. Number (or Social Security number) of the provider. A signature is required if your provider is an individual. Beginning and ending dates of service are required on the dependent care receipt. In lieu of a separate receipt your day care provider may sign this form.
- A qualified dependent is your dependent under age 13, your dependent who is physically or mentally incapable of self care or your spouse who is physically or mentally not able to care for himself or herself. According to the IRS, physical or mental incapacity is not being able to dress, clean or feed oneself.
- Payments for dependent care cannot be made to someone you or your spouse claim as a dependent and, if the person you make payments to is your child, he or she must have been age 19 or older by the end of the year.
 - Tuition is not a reimbursable expense.
 - Overnight camp expenses do not qualify for dependent day care reimbursement.
 - Educational expenses incurred for a child in grades 1 and up do not qualify as a reimbursable expense; however, before and after school care expenses can be claimed.
 - Expenses such as registration fees, activity fees, books, supplies and meals are not reimbursable.

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