

No-Wait Dependent Care FSA

- **Download** a 'No-Wait Dependent Care Reimbursement' claim form from www.flores247.com or obtain this form from your HR Department
- **Complete** the claim form:
 - a. Service Dates: put the entire period in which that provider will care for your dependent. For example, if you will use the same childcare provider for all of 2019, list 1/1/2019-12/31/2019 as your service dates.
 - b. Dependent: List the dependent's name receiving care
 - c. Service Provider: List the name of the childcare provider and its 9-digit tax ID#
 - d. Cost: request the total amount you will pay for daycare services with this provider for the service dates listed on the form.

Service Date From	Service Date To	Dependent		Cost
1/1/2019	12/31/2019	Your Child's Name		5,000.00
Service Provid	er Childcare Provider			
Tax ID	9 Digit Tax ID#			
			Provider Signature (Required If	Receipt Not Attached)

? To Substantiate your claim you may EITHER:

a. Ask your childcare provider to sign in the "provider signature" box to verify that you will incur at least the amount indicated on the form related to childcare expenses in 2019 OR b. Provide an itemized statement of charges related to your dependent care expenses.

PLEASE REMEMBER THAT A NEW DEPENDENT CARE CLAIM FORM MUST BE SUBMITTED EACH NEW PLAN YEAR.







