take care®
by WageWorks

DEPENDENT CARE ACCOUNT
PAY ME BACK CLAIM FORM

To ensure speedy processing:
DO NOT USE A FAX COVER SHEET

TOLL-FREE FAX: 877-782-8889
Email: claims@takecareclaims.com
Or mail to take care by WageWorks, PO Box 14054, Lexington, KY 40512

ACCOUNT HOLDER INFORMATION

Last Name

First Name

Social Security Number

Employer / Program Sponsor's Name

Zip Code

Birth Month/Day (MM/DD)

Email Address (complete only if new)

CERTIFICATION AND AUTHORIZATION

The undersigned participant in the Plan certifies that all services for which reimbursement or payment is claimed by submission of this form were provided during a period while the undersigned was covered under the Company's Flexible Benefit Plan with respect to such expenses and that the dependent care expenses have not been reimbursed and that the undersigned will not seek reimbursement under any other plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid from the Plan which relate to such expense.

Employee's Signature

Date

DEPENDENT CARE EXPENSE CLAIMS

Name of Dependent(s)	Period Covered From	To	Name, Address and Taxpayer Identification Number of Service Provider	Amount Incurred
Attach a receipt from your daycare provider, or include the daycare provider's signature.			*Provider's Signature:*	
			Total Dependent Care Expense Claim*	$0.00

NOTE: The total amount claimed under the Plan for any coverage period must not exceed the lesser of your earned income for the Play Year of the earned income of your spouse. (If your spouse is either a full-time student or is incapable of taking care of himself or herself, then he or she is deemed to have monthly earnings of $250 if there is one (1) child or dependent, or $500 if there are two (2) or more.) No payment may be made under the plan if the service provider is your child, stepchild, or your dependent for federal income tax purposes who is under 19 years of age.

To complete an electronic claim form or check your account balance go to **takecareWageWorks.com**

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Claim Form & Filing Instructions

On the reverse side of this page is a claim form. Please feel free to copy this form.

When filing your claim, you must attach copies of the receipts. *The receipt must show the date and type of service for the expense.* Canceled checks, credit card slips, or statements showing only a balance due on your account are not allowable.

Please be sure to number each attachment page (e.g., Page 2 of 3, Page 3 of 3, etc.).

- **Fax:** For faster service, fax your claim with receipts to 877-782-8889. Your claim form is your fax cover page. After you fax a claim with receipts, please *do not* follow up with a postal mail or email.
- **E-mail:** For even faster service, scan your claim form with receipts into a single PDF. Your claim form should be the first page of your scan. Email the PDF to claims@takecareclaims.com. After you email a claim with receipts, please *do not* follow up with a postal mail or fax.
- **Postal Mail**: If you don't use email or fax, postal mail your claim with receipts to take care by WageWorks, PO Box 14054, Lexington, KY 40512.

Remember to keep the original claim form and supporting documents for your records.

To verify your claim has been received, go to the website described below. When your claim is approved, it will appear within three business days on the website under "View Account."

You may check your account balance status any time, day or night at the website. In addition, the website has a claim form, a list of qualifying expenses, and other administrative tools that will help you conveniently manage your account. The site also has frequently asked questions and instructions on how to contact us.

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takecareWageWorks.com

...everything you need to manage your Flexible Benefit Account...

- Verify your election
- View your account balance
- Complete electronic claim form
- How and where to file claims
- Look up qualified expenses
- Change in status rules
- Eligibility requirements
- Learn about the plan
- How to contact us

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Copy the front and back of this claim form for future use.

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