



How to Submit a Claim for Dependent Care Accounts

We offer three easy ways for you to access your Dependent Care Account funds. **For fastest results, we encourage you to submit your claim with the myCYC mobile app.**

For Dependent Care Accounts, you may only receive reimbursements for services already incurred. An expense is incurred when a service is received, not when a bill is paid. Even though your service provider may require payment at the beginning of the service period, you cannot request reimbursement until after the service is provided.

Mobile App Claim Submission – Fastest Method

1. **Collect Documentation:** Collect an itemized statement from your dependent care provider containing the required information (Provider's Name, Dependent's Name, Service Period, Payment Amount and Care Being Provided). Or, ask your provider to complete the Provider Certification section on the Dependent Care Account Claim and Provider Documentation Form (included in this document). If your provider completes the Provider Certification, you can submit that as your documentation.
2. **Submit Claim and Documentation:** Download the myCYC mobile app from your app store. Log in using your existing ConnectYourCare website username and password. Click "Make a payment" from the main screen. Enter the requested information about your claim and continue through the screens to confirm, take a picture of your documentation, upload the picture to the created claim and submit.

Online Claim Submission

1. **Collect Documentation:** Collect an itemized statement from your dependent care provider containing the required information (Provider's Name, Dependent's Name, Service Period, Payment Amount and Care Being Provided). Or, ask your provider to complete the Provider Certification section on the Dependent Care Account Claim and Provider Documentation Form (included in this document). If your provider completes the Provider Certification, you do not have to submit additional documentation.
2. **Submit Claim and Documentation:** Log into your online account at www.connectyourcare.com. Follow the instructions to enter a new claim. Enter the requested information about your claim and continue through the screens to submit the claim and required documentation via fax or upload.

Paper Claim Submission

1. **Collect Documentation:** Ask your provider to complete the Provider Certification section on the Dependent Care Account Claim and Provider Documentation Form (included in this document). If your provider completes the Provider Certification, you do not have to submit additional documentation. Or, collect an itemized statement from your dependent care provider containing the required information (Provider's Name, Dependent's Name, Service Period, Payment Amount and Care Being Provided).
2. **Submit Claim and Documentation:** Fax the form with receipts and required documentation to (443) 681-4602. When you fax the form and supporting documentation, there is no need to follow up with a hard copy in the mail. Remember to keep the original claim form and supporting documents for your records.

If you choose to mail your form and documentation instead of faxing, the address is:

Claims Department
P.O. Box 622317
Orlando, FL 32862-2317



Dependent Care Account Claim and Provider Documentation Form

Use this form to submit your claims for reimbursement of eligible dependent care expenses.

- **Eligible items** include dependent day care expenses so you and/or your spouse can work, look for work, or attend school full-time. For example, the account may cover child and elder day care, before- and after-school care expenses, summer day camp, nursery school, and pre-school costs.
- You may only receive reimbursements for services already incurred. An expense is incurred when a service is received, not when a bill is paid. Even though your service provider may require payment at the beginning of the service period, you cannot request reimbursement until after the service is provided.
- **Provider certification or documentation is required.** If your provider completes the Provider Certification section below, you do not have to submit additional documentation. Or, you may attach an itemized statement from your provider showing Provider's Name, Dependent's Name, Service Period, Payment Amount and Care Provided. Cancelled checks, credit card receipts or balance forward statements are not acceptable.
- Complete all entries on this submission form. Please print or type. Sign and date this form, then submit using the mobile app or online. Or you may fax or mail this form, along with any additional required documentation, to the claims department. (Mobile app submission is fastest).

Personal Information						
Name of Employer				Claim # (if claim has already been entered online)		
Employee Name (last name, first name)				Social Security Number		
Claim Details						
Service Start Date	Service End Date	Dependent's Name	Relationship to Employee	Name of Provider	Description of Service	Amount Requested
Total						\$
Provider Certification (If your provider does not complete this section, additional documentation is required)						
Provider Name: _____ Provider Address: _____ Provider Certifies: • I am a qualified care provider. • I provided care as noted below and charged the amount listed.						
Provider Signature _____				Date _____		
Authorization and Certification						
Read carefully: This claim will not be processed without your signature. I certify that these expenses have been incurred by me or my spouse. The expenses have not been reimbursed and are not reimbursable under any other plan, such as an individual policy or my spouse's or dependent's plan. I understand that any amount reimbursed may not be used to claim any federal income tax deduction or credit on my or my spouse's income tax return. I further certify that dependent care expenses were incurred for the purpose of allowing me (and my spouse, if applicable) to be gainfully employed. I certify that these expenses are for the care of a Qualifying Dependent and that the expenses qualify as valid Dependent Care Expenses as defined by the Internal Revenue Service.						
Employee Signature _____				Date _____		
Submission Instructions: It's fastest and easiest to submit this form using the mobile app or online. You may also fax or mail.						
Fax: (443) 681-4602				Mail: Claims Department P.O. Box 622317 Orlando, FL 32862-2317		
If you have any questions, please contact Customer Service .						