



ARCHDIOCESE OF ST. LOUIS FLEXIBLE BENEFIT REIMBURSEMENT DEPENDENT CARE CLAIM FORM

PLEASE READ THE GUIDELINES FOR ELIGIBLE REIMBURSEMENTS ON THE REVERSE SIDE

| | | | | |
|--|-----------------------------|------------|---------|--------------------------------------|
| 1. Employee Information: Complete all sections. | | | | |
| Employer Information | Parish/Agency Employer Name | | | |
| Employee Information | Employee's Last Name | First Name | Initial | Employees Social Security No. / / |
| | Home Address | | | |
| Check box if new address. <input type="checkbox"/> | City | State | Zip | Daytime Phone Number |

| 2. Dependent Care: A receipt is required from your daycare provider that includes dates of care and total charge. If you do not have a receipt, the daycare provider must sign verification section. | | | | | |
|---|--------------|---|-----------------|---|--------|
| Dependent Receiving Care | | | Date(s) of Care | Daycare Provider (Name and Soc. Sec. No./Federal Tax ID) | Amount |
| Name | Relationship | Age | | | |
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| DAYCARE PROVIDER VERIFICATION: I certify that the expenses shown are valid. | | | | | |
| _____ | | _____ | | _____ | |
| Daycare Provider Signature | | Social Security Number / Federal Tax ID | | Date | |

| | |
|---|-------------|
| 3. Employee Certification: Employee signature required. | |
| <p>I certify that the above information is correct. I understand that any amounts submitted for dependent care and for which I receive reimbursement cannot also be claimed under the dependent care income tax credit. I understand any medical reimbursements I receive may not be included on my income tax return.</p> <p>I certify that I am requesting reimbursement of medical and/or dependent care expenses, which will not be paid or reimbursed under any other plan.</p> <p>I understand that these expenses must qualify for reimbursement under the Internal Revenue Code and as outlined on the reverse side of this form.</p> | |
| Employee's Signature: _____ | Date: _____ |

Please send the completed claim form and appropriate statements to:
TRISTAR Benefit Administrators
 5820 S Eastern Ave Ste 250
 Las Vegas, NV 89119
 1-800-456-4584 Option 4
 Fax: 702-216-1623
 Email: flex@tristargroup.net

GUIDELINES FOR ELIGIBLE REIMBURSEMENTS

If you apply for reimbursement of expense that IRS later determines to be ineligible, those reimbursements may be taxed as ordinary income and certain penalties may apply, according to the Internal Revenue Code. Similar treatment will be applied to overpayment of reimbursed expenses or reimbursement for expenses that have already been reimbursed from some other source.

In general, Section 125 of the Internal Revenue Code governs the tax status of Flexible (or Cafeteria) Benefit Plans, of which Employee Reimbursement Accounts are a part. Eligibility for pre-tax reimbursement is covered specifically in Code Sections 105 and 106 (Accident/health Plans) and Section 129 (Dependent Care).

DEPENDENT CARE REIMBURSEMENT

Expenses to provide care for your dependents may qualify for reimbursement. Eligible dependents include children under age 13, a disabled child, a disabled spouse, or a disabled parent.

To be eligible, you must be working while your dependents receive care, or if you are married, your spouse must be:

1. A wage earner,
2. A full-time student for at least 5 months during the year, or
3. A disabled and unable to provide for his or her own care.

Expenses eligible for reimbursement are those incurred to enable you to be gainfully employed, and include covered charges by:

1. Licensed nursery schools and licensed day care centers.
2. Individuals (other than your dependents) who provide care for your children in or outside your home or for your disabled spouse or dependent parent in your home.

IRS Regulations limit the amount of reimbursement expense for dependent care to the lower of the annual earned Income of you or your spouse. If your spouse is disabled or a full-time student, this limitation assumes that your spouse earns \$200 per month (1 dependent) or \$400 per month (two or more dependents).

An additional IRS Regulation limits the amount you can contribute to the dependent care account to \$5,000 for a single parent with children, \$5,000 for a married parent filing jointly, and \$2,500 for a married parent filing separately. This amount may change with IRS regulations.

Under IRS Regulations, qualified individuals can receive tax credit for dependent care costs. This credit is claimed on your personal tax return. You cannot claim the tax credit for any dependent care costs reimbursed from the Dependent Care Reimbursement Account. The maximum amount that can be used for the tax credit is reduced by any amount you use from the Dependent Care Reimbursement Account.