

Dependent Care Claim Form

IRS rules require Alight Smart-Choice Accounts to validate your eligible expenses before you're reimbursed.

Getting Reimbursed

Once you've sent your required items, Smart-Choice Accounts will process your claim within five business days. If we have your email address, we'll notify you when your items have been received. You can review your claims status on your benefits website or the mobile app.

Documentation You'll Need to Provide

You must provide proper supporting documentation so your claim can be approved. This includes a signed and dated copy of this claim form and copies of receipts or other documentation.

If you use a care provider or day care service, your itemized receipt must include:

- Dates of service
- Name of service provider
- Name of dependent receiving services
- Amount paid

This information can be provided from a generic receipt booklet or on a day care letterhead.

If you've lost a receipt, contact your provider to request a copy. If you don't provide the necessary information, the processing of your claim may be delayed.

Submitting Claims and Receipts

IMPORTANT NOTE:

Instead of submitting receipts, you can fill out the Provider Certification section of the attached claim form.



Online

- Your Benefits Website
- Smart-Choice Mobile App
(available in app stores at no cost, if your employer offers this feature)



Fax

1.855.673.6719

If faxing, do not include a cover letter and please place your claim form in front of any itemized receipts.



Mail

Alight Smart-Choice Accounts
P.O. Box 660114
Dallas, TX 75266-0114

Dependent Care Claim Form

ACCOUNT HOLDER

Last Name

First Name

Employer Name

Last 4 of SSN (Optional)

ZIP Code

DEPENDENT CARE CLAIMS

CLAIM 1

Service Begin Date (MM-DD-YYYY)

Service End Date (MM-DD-YYYY)

Provider Name

\$

Requested Amount

Dependent Name

CLAIM 2

Service Begin Date (MM-DD-YYYY)

Service End Date (MM-DD-YYYY)

Provider Name

\$

Requested Amount

Dependent Name

More than two expenses? Print another form (forms can't be reused).

PROVIDER CERTIFICATION

If you prefer not to send a receipt for your dependent care claim, have your provider complete the following information.

I certify that the charges listed above for dependent care services have been incurred for the dates shown and do not include any fees related to overnight camp, food, clothing, education-related costs for kindergarten or higher grade levels, nursing home, or health care costs.

Provider Signature

Date

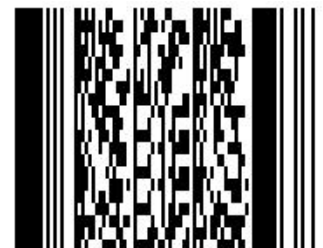
Provider's Tax ID Number or SSN

EMPLOYEE CERTIFICATION

By signing below, I certify that the information I'm providing is correct, and that the expenses for which I'm requesting reimbursement (or am validating) were for services or supplies that (1) I (or my eligible dependents) received under the plan, (2) were furnished on or after the date my spending account took effect, (3) haven't been reimbursed through any other source and won't be submitted for future reimbursement, (4) don't include any amounts that are otherwise payable by plans for which I am (or my dependents are) eligible, (5) are limited to expenses listed as eligible Dependent Care Spending Account expenses on the Smart-Choice Accounts website, (6) were provided to my tax-eligible dependent child under age 13 or to my qualified, disabled adult tax-dependent, and (7) were incurred while I (and my spouse, if married) worked* or looked for work. For prescription expenses, I am submitting a valid prescription and itemized receipt. Claim decisions will be made in accordance with the provisions of the plan.

Employee Signature

Date



##56T02002#####

* Your spouse is considered to have worked if he or she is a full-time student for at least five calendar months during the tax year or if he or she is physically or mentally capable of self-care. Expenses you pay for Dependent Care while you are not working due to illness are not eligible for reimbursement.