



##15T01602#####

**Dependent Care Benefits Claims Form**

Employer \_\_\_\_\_  
 Employee \_\_\_\_\_  
 SSN \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

**DCA Benefits Claims for Dependent Care Purchases**

Refer to the instructions below to completely fill out the following table. Please keep your receipt.

1 Dependent's Name	2 Dependent's Date of Birth	3 Purchase Date(s)	4 Provider's Name (e.g., name of day care, name of after-school camp)	5 Provider's Tax ID Number (EIN)	6 Description of Service	7 Price
<b>8 Total Dependent Care Expenses</b>						\$ .
<b>9 Provider's Address</b>						
<b>10 Provider's SSN (if applicable)</b>						
<b>11 Provider's Signature or Stamp (if receipt is unavailable)</b>						

**Read carefully.** Not fully completing this form could delay the processing of your claim. You must have already received and purchased the services you list above before submitting a claim for reimbursement.

First, complete sections 1–9 in the table above. Some **private providers**, such as in-home sitters, may not have an EIN (section 5). Instead, **provide their Social Security number** on row 10.

Then, either have your provider sign off on or stamp the information you've provided (row 11) **OR** send us an easy-to-read receipt (you may send multiple) that includes the following details:

- Your dependent's name
- The date you purchased the service
- The name of the provider who offered the service
- The cost of the service
- The name of the service you received

Lastly, attach any receipts to an email along with your completed claims form, and send it to [claims@zenefits.com](mailto:claims@zenefits.com).

Credit card receipts alone aren't enough. If you don't send us all the information we need, processing your claim may take longer than expected. If one of your receipts shows an ineligible expense, reimbursement may be fully or partially denied.

To set up a recurring claim, you must provide the dates on which services will be provided and a letter from your provider with a rundown of all the eligible expenses for those dates. Your first purchase must be confirmed by Zenefits—after the service has been provided—before you can set up a recurring claim.

**Please sign and date this claims form to accept the terms below:**

The above is a true and accurate statement of all expenses incurred by my eligible dependents or me on the date(s) indicated, and I will not seek reimbursement from any other plan including a Health Savings Account (HSA). I understand that I cannot claim any reimbursed expenses on my income tax return, and that I may be liable for payment of all related taxes including Federal, State, or City income tax and any associated penalties on the amounts paid for any expense improperly claimed under the provisions of this plan.

<b>Employee Signature:</b>	

Email claims forms and receipts to [claims@zenefits.com](mailto:claims@zenefits.com).  
If you have any questions, contact support at [support@zenefits.com](mailto:support@zenefits.com) or 1 (888) 249-3263.