

**UNIVERSITY OF DUBUQUE #012  
FLEXIBLE SPENDING REIMBURSEMENT FORM**

*Claims must be received at SISCO two (2) business days before your scheduled flexible spending run.*

**Participant Name** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**MEDICAL/DENTAL EXPENSES – ATTACH EOB'S OR RECEIPTS TO CLAIM FORM**

Item	Dependent Name	Date(s) of Service	Provider (Person or Business)	Reimbursement Requested
1				
2				
3				
4				
5				

**DEPENDENT CARE EXPENSES – ATTACH BILLS OR RECEIPTS TO CLAIM FORM**

Item	Dependent Name	Date(s) of Service	Provider (Person or Business)	Reimbursement Requested
1				
2				
3				
4				
5				

\*Dependent Care Expenses – If the amount of the above expenses exceeds the balance in your account, do not resubmit for the unreimbursed portion on this claim. You will automatically be reimbursed as your account balance allows.

I hereby certify that:

- The information given on this reimbursement form is complete and accurate.
- I have not previously received reimbursement for these expenses from this Flex account or from any other source.
- The total of reimbursed dependent care expenses does not exceed the lesser of my spouses or my earned income (W-2 pay) for the year, if less than \$5,000.
- All health and dependent care expenses listed above comply with the requirements and guidelines listed in the Flexible Spending Packet.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**KEEP A COPY FOR YOUR FILES  
MAIL TO:  
ATTENTION: Flexible Spending Dept., SISCO, P.O. Box 389, Dubuque, IA 52004-0389**

## Instructions for filing a Flexible Spending Claim

1. Complete Participant Name and Social Security Number at the top of the front page.
2. Complete Health Care and/or Dependent Care expense section as appropriate.
  - Attach all required supporting documentation.

### Supporting Documentation

The type of documentation described under either A or B below must be attached to the completed form.

- A. Explanation of Benefits (EOB): This is the form you receive each time you or a health care provider submits claims for payment to your health, dental, or vision care plan. The EOB will show the amount of expenses paid or denied by the plan and the amount you must pay. For all health care expenses that are partially covered by health, dental, or vision plans, you must attach an EOB.
- B. Receipts: Claims for Dependent Care Expense and medical/dental expense not covered by your group health plan will not be processed without acceptable evidence of your expenses. Acceptable evidence includes receipts, which contain the following information:
  - Description of service or supply
  - Date expense was incurred
  - Person or organization providing service
  - Amount of expense
  - Name of person for whom the service(s) provided

**A cancelled check is not considered acceptable evidence.**

3. Sign and date the Flexible Spending Reimbursement Form at the bottom of the front page.
4. Mail the completed form and attachment(s) to the address indicated on the bottom of the front page.

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### General Reimbursement Guidelines:

1. Reimbursement is not a guarantee that this payment is tax-free.
2. Reimbursement of dependent care expenses will reduce and may eliminate completely your ability to claim dependent care credit on your Federal Tax Return.
3. Dependent care expenses reimbursed through this account cannot be used as a dependent care credit on your Federal Income Tax Return.
4. Health care expenses reimbursed through this account cannot be deducted on your Federal Income Tax Return.
5. Expenses can only be submitted for reimbursement if they were for you or for eligible dependents under the plan.
6. Only the expenses for services or supplies furnished on or after the effective date of the plan can be submitted for reimbursement.
7. Reimbursement of expenses should only be requested and made after you have collected all benefit payments available for all other plans under which you and your eligible dependents are covered.
8. Reimbursement will only be made in accordance with the provisions of the plan. You accept responsibility for the proper treatment of benefits paid under this plan with respect to eligibility, income tax reporting and liability.