



## BlueSaver<sup>SM</sup> FSA Dependent Care Reimbursement Request

*Please print all information*

<b>Employee information</b>	
Group name _____	
Employee name _____	Social Security number _____
Address _____	
City _____	State _____ Zip code _____
Work phone (_____) _____	Home phone (_____) _____
E-mail address _____	

**To process your request, Independence Blue Cross must receive the following items with this completed, signed form:**

- An itemized paid receipt or statement from the dependent day care provider showing the provider's name, address, start and end dates for the service(s) on the statement, the dependent's name, description of the services, and the total charge. **Generic "cash receipts" cannot be accepted**
- If a private individual provided the care, the receipt or statement must include the provider's signature.

**Dependent care expenses are eligible for a dependent who(m):**

- you can claim on your federal income tax; AND
- is under age 13; OR
- is physically or mentally incapable of caring for himself or herself (for example, a disabled child over 13 or a disabled spouse or parent).

**Please note that any questions regarding the status of an individual as either a qualifying child or a qualifying relative must be discussed with a qualified tax advisor in conjunction with the provisions of your employer's plan.**

**Reimbursement request(s)**

Dependent's first and last name	Relationship to employee	Birth Date	Dependent Day Care Provider's name	Date(s) of Service (month/day/year)* (From - To)	Amount requested

\*Service must be totally rendered and completed before payment on any part can be made.

**Employee certification:** I certify that I incurred these charges as a result of my work or search for work. I certify that my eligible dependent, as declared on my personal income tax, received these services and incurred the charges. I will not apply these expenses towards a child care tax credit on my federal income tax return.

**Employee signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Independence Blue Cross  
c/o BlueSaver FSA Administrator  
P.O. Box 1004 • Horsham, PA 19044  
(866) 866-4695**