AMERICAN FIDELITY
a different opinion

Reimbursement Services | P.O. Box 25523 | Oklahoma City, OK 73125

American Fidelity Assurance Company | 800-662-1113 | Fax: 844-319-3668 | **Flex@americanfidelity.com**

Dependent Care Reimbursement/Provider Acknowledgement Form

Employee Name (Last, First, MI):	Social Security Number:
Address: (street, city, state and zip)	
If this is a new address, check here: ☐	Check here if you have other American Fidelity benefits: ☐
Phone Number: (with area code)	Email Address:

You will receive an email notification when we receive your claim and another when we send a payment. Please be sure your email address is legible.

It is hereby acknowledged by _____(the "Dependent Care Provider") that it complies with all applicable federal, state, and local regulations governing dependent daycare centers. The Dependent Care Provider further acknowledges that it has received $_____ from_____ (Employee's Name/"Participant") for dependent care services incurred for the period of _____through _____for the following individuals:

Name:	Age:
Name:	Age:
Name:	Age:

Daycare Center or Individual Provider Information (required for reimbursement):

Day Care Center/Individual Name: _____

Tax I. D. or Social Security Number: _____

Address: _____

Signature: _____

I authorize the reimbursement of the above expenses from my account. Also, I certify that all information mentioned on this form is true and accurate to the best of my knowledge and belief. Additionally, I certify that: (1) the total reimbursements to date (including the current amount requested) do not surpass the lesser of $7,500 or $3,750 (if married filing separately), my earned income, my spouse's earned income, or my employer's maximum set limit. (2) no federal income tax credit or deduction, including the Dependent Care Tax Credit, will be claimed for the amount requested. I will not seek reimbursement from any other plan coverage. (3) the dependent care services, which led to the expense for which reimbursement is requested, have already been provided.

Signature: _____ Date: _____

Who qualifies as a dependent for Dependent Care Accounts (DCA)?

A few criteria define a qualifying dependent under the Internal Revenue Code Section 152(a)(1) for a DCA.

- First, a qualifying child who is your tax dependent and has not yet reached the age of 13 should have the same principal place of abode as you for more than half of the year.
- Second, a qualifying child or qualifying relative, as defined by the Internal Revenue Code Section 152(a)(1) or (2), who is physically or mentally incapable of self-care and has the same principal place of abode as you for more than half of the year. The person must spend at least eight hours per day in your household.
- Additionally, if your spouse is physically or mentally incapable of self-care and has the same principal place of abode as you for more than half of the year, they can qualify as a dependent. To meet the requirements, the individual must spend at least eight hours daily in your household.

Please mail this completed form to: American Fidelity, P.O. Box 161968, Altamonte Springs, FL 32716 or fax to 844-319-3668

The average processing time from receipt of a completed voucher is 5-7 business days; however, processing times may vary throughout the year. American Fidelity will not be held responsible for unreceived faxes.