



Dependent Day Care FSA Claim Submission Overview

This guide provides an overview of the claims filing process for Dependent Day Care Flexible Spending Account (FSA) participants.

Claim Submission Options: Claims may be submitted to ConnectYourCare (CYC) through the myCYC mobile app, by accessing their online account at ConnectYourCare.com, or through paper claim via fax or postal service. Per IRS guidelines, participants may only receive reimbursements for services already incurred. An expense is incurred when a service is received, not when a bill is paid.

Documentation Requirements

Participants should ask their Dependent Day Care Providers to complete the Provider Certification section on the Dependent Day Care Account Claim and Provider Documentation Form, or participants can collect an itemized statement from the Care Provider containing the following required information:

- Provider's Name
- Dependent's Name
- Service Period
- Payment Amount
- Care Being Provided

Dependent Day Care FSA Claim Submission Overview

Option 1: Submission for Future Reimbursement

The Care Provider can provide the participant with a statement for the entire year or a portion of the year. As funds become available in the participant's Dependent Day Care FSA, the member will be reimbursed. Reimbursements will be made on a monthly basis, at the end of each month as funds are available in participants' accounts. This is not a contract, but an invoice for the year.

Example

Personal Information						
Name of Employer State of Wisconsin				Claim # (if claim has already been entered online)		
Employee Name (last name, first name) Smith, Bob				Social Security Number 999-99-9999		
Claim Details						
Service Start Date	Service End Date	Dependent's Name	Relationship to Employee	Name of Provider	Description of Service	Amount Requested
06/01/2020	12/31/2020	Becky	Daughter	ABC Daycare	Child day care	\$2,499
Total						\$ 2,499
Provider Certification (If your provider does not complete this section, additional documentation is required)						
Provider Name: Abby B Connor Provider Address: 123 1st Street, Madison, WI 53710						
Provider Certifies: • I am a qualified care provider. • I provided care as noted below and charged the amount listed.						
Provider Signature _____					Date 5/15/2020	

Bob Smith submits a Dependent Day Care FSA claim along with provider documentation (either the provider's receipt or by the provider completing the Provider Certification section of the form) for eligible care incurred between between June 1 and December 31. At the end of each month (June through December) he will be reimbursed \$416.50 (the total amount of the claim divided over the months of reimbursement), assuming he has the funds available in his account.

Dependent Day Care FSA Claim Submission Overview

Option 2: Submission as Services are Incurred

The participant can submit claims as the services are incurred. If the claim amount is for more than what is available in the account for reimbursement, the participant will be reimbursed up to the amount available in his/her account. Additional reimbursements will be made as funds become available.

Example

Personal Information						
Name of Employer State of Wisconsin				Claim # (if claim has already been entered online)		
Employee Name (last name, first name) Smith, Bob				Social Security Number 999-99-9999		
Claim Details						
Service Start Date	Service End Date	Dependent's Name	Relationship to Employee	Name of Provider	Description of Service	Amount Requested
06/01/2020	6/15/2020	Becky	Daughter	ABC Daycare	Child day care	\$200
Total						\$200
Provider Certification (If your provider does not complete this section, additional documentation is required)						
Provider Name: Abby B Connor Provider Address: 123 1st Street, Madison, WI 53710						
Provider Certifies: • I am a qualified care provider. • I provided care as noted below and charged the amount listed.						
Provider Signature _____					5/15/2020	
					Date	

Bob Smith submits a Dependent Day Care FSA claim along with provider documentation (either the provider's receipt or by the provider completing the Provider Certification section of the form) for eligible care incurred between June 1 and June 15. Upon receipt, review, and approval of his claim, CYC will reimburse Bob \$200, assuming he has the funds available in his account.

Dependent Day Care FSA Claim Submission Overview

Reimbursement Payment Options

Participants can select from the following options to receive reimbursements:

- **Direct Deposit** - The fastest way to receive payment, see set up steps below
- **Paper Checks** - Sent to member's address on file if direct deposit is not set up
- **Provider Payment** - Members can also request payment be set directly to their provider by selecting Provider Payment button when entering a claim

Direct Deposit

Participants should set up direct deposit as the fastest reimbursement option.

- Log in to online account
- Click “Settings & Preferences” from the drop down under the user's name in the upper right hand corner of the home screen
- Click “Bank Accounts,” and select “Add Account”
- Follow screen instructions to enter bank information