ZENITH ADMINISTRATORS INC.
FLEXIBLE SPENDING ACCOUNTS

CLAIM FOR DISBURSEMENT
DEPENDENT CARE ACCOUNT

IMPORTANT INSTRUCTIONS

Please comply with the following instructions to file your claim for reimbursement. Failure to follow these instructions will delay processing of your claim and may result in your claim being returned to you. Additional information regarding allowable expenses is provided on the reverse of this form.

1. **Complete the entire claim form, including the itemized list of expenses**. A notation of "See Attached" with documentation attached will not be accepted.
2. **Attach documentation supporting the expenses.** Acceptable documentation for Dependent Care Accounts consists of a bill or receipt showing the service dates, the provider's name and the cost of care. If no receipt is provided, the dependent care provider must certify the expenses by completing the shaded section.
3. **Note the claim line number in the upper right corner of each attachment**. For example, note "D1" in the upper right corner of your documentation for the dependent care expense listed first on the claim form. If one document is provided to support more than one claim line, note all applicable claim lines on the attachment.
4. If additional space is needed for your itemization, attach a separate sheet using the same format as the itemization on the claim form. Continue the claim line numbers on the additional sheet.
5. **Carefully read the Employee Certification on the reverse, then sign and date the claim form**.
6. Keep a copy of this form and all supporting documentation for your records.

Employer Name: WASHINGTON COUNTIES INSURANCE FUND

Employee Name: ______________________ **SSN:** ______________________

Employee Address: ____

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DEPENDENT CARE EXPENSES

Line # note on attachments	**Date From**	**Date To**	**Name & Address of Service Provider**	**Dependent Name**	**Amount Requested**
D1					
D2					
D3					
D4					
D5					
				Total Dependent Care Expense Claim	**$**

Dependent care provider's signature (if no receipt attached): ______________________

Date signed: ______________ **Taxpayer ID number:** ______________________

EMPLOYEE CERTIFICATION OF EXPENSES AND CLAIM FOR REIMBURSEMENT

I certify that I have read and understand the Employee Certification on the reverse side of this form.

Employee Signature: ______________________ **Date:** ______________

EMPLOYEE CERTIFICATION

Read this statement carefully then sign in the appropriate place on the front of this form.

I certify that I am claiming reimbursement only for eligible expenses incurred during the applicable plan year for qualifying individuals. I certify that these expenses have not been reimbursed and I will not seek reimbursement for them under any other health plan. I understand that the expense for which I am reimbursed may not be claimed as an income tax deduction. I understand that if I am reimbursed for an ineligible expense and the IRS audits my personal income tax return, I may be subjected to taxation on the reimbursement amount. I have provided sufficient documentation to support all expenses for which I am requesting reimbursement.

DCAP ELIGIBLE EXPENSES

Expenses allowed by your employer sponsored plan may vary from those permitted by the IRS. Consult your plan document to determine what expenses are allowed by your plan.

For Dependent Care Accounts:

- Expenses must be for a qualified dependent at the time the expense was incurred. Qualified dependents must live in your home and be: 1) Under age 13 at the time and for whom you can claim a deduction on your tax return, OR 2) Physically or mentally unable to care of him/herself and for whom you can claim a deduction or could claim a deduction except the dependent had $3000 or more of gross income

- Dependent care expenses must be work related. You and your spouse must both be employed, looking for work, or full time students.

- The dependent care provider may not be your child under the age of 19 and may not be claimed as a dependent on your or your spouse's tax return.

- Educational expenses are not reimbursable. Pre-school, and before and after school care, are allowed expenses.

- Sufficient documentation to substantiate the permissibility of the expense must be provided for your claim to be processed.

***MAIL* COMPLETED CLAIM FORM & SUPPORTING DOCUMENTATION TO:**

ZENITH ADMINISTRATORS, INC.
FLEXIBLE SPENDING ACCOUNTS DEPARTMENT
PO Box 91082
Seattle, WA 98111-9182

***FAX* CLAIM FORMS & SUPPORTING DOCUMENTATION TO:**

ZENITH FSA
(206) 285-4789

FSA CUSTOMER SERVICE PHONE:
206-281-1580 / toll-free 1-800-426-5980