

YOUR spending ACCOUNT™

DEPENDENT CARE CLAIM FORM PSEG (P2991)

P.O. Box 785040
Orlando, FL 32878-5040
Fax: 1-888-211-9900

Name, Last	First	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		SSN—Last 4 (Optional)
<input type="text"/>		<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

CLAIM DESCRIPTION

Service Begin Date (MM/DD/YYYY)

 / /

Service Provider

Service End Date (MM/DD/YYYY)

 / /

Dependent

Requested Amount

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EMPLOYEE CERTIFICATION (REQUIRED)

By adding my signature below, I certify that the information I'm providing is correct and the expenses for which I'm requesting reimbursement, or for which I'm validating:

- Were incurred for services or supplies received by my eligible dependents or me under the plan;
- Were for services or supplies furnished on or after the date my spending account takes effect;
- Haven't been reimbursed in any other way or from any other source and won't be submitted for future reimbursement; and
- Don't include any amounts that are otherwise payable by plans for which my dependents or I are eligible.

I understand that dependent care reimbursements aren't eligible deductions on my individual tax return. Claim decisions will be made in accordance with the provisions of the plan.

Employee Signature

Date

<input type="text"/>	<input type="text"/>
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PROVIDER CERTIFICATION (REQUIRED IF RECEIPTS ARE NOT PROVIDED)

I certify that the charges listed above for dependent care services have been incurred for the dates provided.

Provider Signature

Date

<input type="text"/>	<input type="text"/>
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Provider SSN or Taxpayer ID



DEPENDENT CARE CLAIM INSTRUCTIONS

To have your claim approved, you must sign the enclosed form and fax or mail your claim to Your Spending Account with the required documentation. Once your information is received, Your Spending Account will typically process your claim within ten days.

Documentation You'll Need to Provide

You must provide proper supporting documentation so that your claim can be approved. This includes a signed and dated claim form and copies of receipts or other documentation.

If you use a day care provider, your itemized receipt must contain the:

- Date of service;
- Name of service provider;
- Name of dependent receiving services; and
- Amount paid.

This information can be provided from a generic receipt booklet or on day care letterhead.

If you lost a receipt, contact the provider to request a copy. If you don't provide the necessary information, the processing of your claim may be delayed.

Visit the Your Spending Account Web site for more documentation requirements.

Sending Your Claim to Your Spending Account

Send this form and your documentation to Your Spending Account by fax or mail.

Fax: 1-888-211-9900

Mail: Your Spending Account
P.O. Box 785040
Orlando, FL 32878-5040

If faxing, be sure to place the form before your itemized receipts and don't include a cover letter.