Health Benefits
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to improve your health.

MARYLAND State of Maryland

P&A GROUP EST. 1975

FLEXIBLE SPENDING ACCOUNT CLAIM FORM

Today's Date: ___/___/___   # of pages: _____   Plan Year: 20___   ☐New Claim   ☐Response to Claim Denial: Claim Denial Number: _____

Employee Name	Social Security or Member ID Number	Employer Name/Division Name	
Employee Address		Home Phone	Work Phone

Account	Reimbursement Amount
☐ Healthcare Flexible Spending Account	Total Amount Requested:

For Dependent Daycare claims, you must collect an itemized statement from your Dependent Daycare provider with the required information including provider name, dependent name, service period, payment amount, Tax ID Number and care being provided, or ask your provider to complete the provider information section below.

☐ Dependent Daycare Flexible Spending Account	Total Amount Requested:
Dependent Daycare Provider Address	Provider Tax ID Number

I certify I am a qualified care provider. I have provided the care indicated below and charged the amount listed above.
Dependent Care Provider Signature: X_____   Date: ___/___/___
NOTE: You must include the provider Tax ID Number in the services provider column in the table below. If you use the account to pay for the cost of a daycare sitter, you must provide the daycare sitter's Social Security Number. If you cannot remit a copy of your bill/contract, your daycare provider must sign on the line above in lieu of submitting a receipt.

Service Start Date	Service End Date	Employee, Spouse or Dependent	Amount Requested	Type of Service (Rx, co-pay, dental)	Service Provider Number/Rx Number
1.					
2.					
3.					
4.					
5.					

To the best of my knowledge and belief, my statements in this reimbursement voucher are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for eligible plan participants. I certify that these expenses have not been previously reimbursed on this or any other benefit plan and WILL NOT BE CLAIMED AS AN INCOME TAX DEDUCTION. In addition, as to the dependent daycare expenses identified above (if any), I meet each of the certifications at "Qualifying Care Expense Certifications on page 2." I authorize my Flexible Compensation account be reduced by the amount requested.

Employee's Signature: _____   Date: ___/___/___

Claim Submission Guidelines

- Please number each receipt according to its order of appearance on this form.
- Please ensure date of service(s) aligns with the attached receipt(s).
- IRS guidelines do <u>not</u> consider cancelled checks or credit card receipts as valid documentation.
- Previous balances are <u>not</u> acceptable.
- All reimbursements will be made payable to the employee.

Claim Submission

- Fax: (844) 638-1901
- Mail: P&A Group Attn: Flex Department 17 Court Street, Suite 500 Buffalo, N.Y. 14202-3204
- You can also upload claims directly from your mobile device or computer when you log into your P&A Account at www.MD.padmin.com.

QUALIFYING CARE EXPENSE CERTIFICATIONS

1. The dependent daycare expenses identified on page 1 were incurred for the care of only one or more Qualifying Individuals. I understand that only the following persons are Qualifying Individuals for this purpose.

    a. a person under age 13 who is my "qualifying child" under the Internal Revenue Code (the "Code"), i.e., (1) he or she has the same principal residence as me for more than half the year, (2) he or she is my child or stepchild (by blood or adoption), foster child, sibling or stepsibling, or a descendant of one of them; and (3) he or she does not provide more than half of his or her own support for the year.

    b. my spouse if he or she is physically or mentally incapable of self-care and has the same principal abode as me for more than half the year.

    c. a person who is physically or mentally incapable of caring for himself or herself, has the same principal place of abode as me for more than half of the year, and is my tax dependent under the Code (for this purpose, status as a tax dependent is determined without regard to the gross income limitation for a "qualifying relative" and certain other provisions of the Code's definition).

    d. if I am divorced or separated, my child but only if I am the primary custodial parent (irrespective of whether which parent may claim a personal exemption for the child on his or her federal income tax return).

2. The expenses were incurred to enable me (and my spouse, if any) to be gainfully employed. If spouse is not employed, I certify my spouse is incapacitated or a full-time student.

3. The expenses were for the care of a Qualifying Individual or for household services attributable in part to the care of a Qualifying Individual.

4. To the extent that the expenses were for services outside of my household for the care of a Qualifying Individual other than a person under age 13 who is my qualifying child, that Qualifying Individual regularly spends at least eight hours per day in my household.

5. To the extent that the expenses were for services provided by a dependent care center (including a day camp), the center complies with all applicable state and local laws and regulations.

6. None of the expenses were for dependent care services provided by my spouse, by a parent of my under-age-13 qualifying child or by a person for whom I or my spouse is entitled to a claim a personal exemption on a federal income tax return.

7. In the case of any expenses for dependent care services provided by a child of mine, that child will be at least 19 years old at the end of the year in which the services were provided.

8. None of the expenses were for services or attendance at an overnight camp.

9. For Dependent Daycare Accounts, you may only receive reimbursement for services already incurred. An expense is incurred when a service is received, not when a bill is paid. Although your service provider may require payment at the beginning of a service period, you cannot request reimbursement until after the service is provided.

P&A Group Customer Service

- Hours: Monday – Friday 8:00AM – 10:00PM ET
- Website: www.MD.padmin.com
- Phone: (844) 638-1900