STREAMLINE HR
AUTOMATING HR, PAYROLL & BENEFITS

Dependent Care/Elder Care Spending Account Claim Form

Employee Information			
Employer:			
Name (First, Middle, Last):			Employee ID or last 4 digits of SSN:
Street Address:			
City:	State:	Zip:	Daytime Phone Number:

List of Dependent Care/Elder Care Spending Account Expenses for Reimbursement (Please provide supporting documentation)

Dates of Service From To	Dependent Name	Date of Birth	Provider's name and Taxpayer Identification Number or SSN	Amount Requested
			Total Amount Requested:	

Employee Statement

I certify that the expenses listed above have been incurred during the applicable plan year by myself and/or my eligible dependent(s) and qualify for reimbursement. I am certifying that the expenses listed above have not been previously reimbursed, nor will they be under any other benefit plan and will not be claimed as an income tax deduction. If there is a discrepancy between the total amount requested above and the total amount of the attached supporting documentation, I will only be reimbursed according to the total amount of eligible expenses on the attached supporting documentation.

Employee's Signature _____ Date _____

Please return claim form and supporting documentation by emailing, faxing or mailing to:
Streamline HR - Attn: Spending Accounts - 5920 Hamilton Boulevard, Suite 201 - Allentown, PA 18106 –
Phone: (877) 262-7291 - Fax: (877) 385-7926 - spendingaccounts@mystreamlinehr.com

Requirements for Filling a Claim:

1. Complete the **Employee Information** section of the claim form.

2. Complete the **List of Expenses for Reimbursement** section of the claim form and attach all supporting documentation.
    - **Acceptable supporting documentation includes:**
        - Name and Address of the day care provider
        - Taxpayer Identification Number or Social Security Number of day care provider
        - Service dates for which you are being charged
        - Signature of Provider
        - Amount being charged for services

3. Please sign and date the **Employee Statement** section of the claim form.

4. Please make sure to retain a copy of the claim form as well as all supporting documentation you are submitting. This information will not be returned to you.

5. Mail, Fax or email your fully completed Health Reimbursement Arrangement claim form and supporting documentation to:

    - **Fax:** (877) 385-7926

    - **Email:** spendingaccounts@mystreamlinehr.com

    - **Mail:**

        - Streamline HR
          Attn: Spending Account Claims Processing
          5920 Hamilton Boulevard
          Suite 201
          Allentown, PA 18106

For any questions or inquiries regarding your Dependent Care/Elder Care Spending Account claim submission or account, please contact us at (877) 262-7291 or spendingaccounts@mystreamlinehr.com

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