Dependent Care Flexible Spending Account (FSA) Receipt Form for Online Claim Submission

PARTICIPANT INFORMATION			
ID NUMBER OR SSN	**LAST NAME**	**FIRST NAME**	**M.I.**
EMPLOYER NAME **United States Enrichment Corporation**		**EMPLOYER ID/CLIENT CODE** **L02708**	

HELPFUL TIPS

- **Use this form ONLY when you file claims online and you do not have receipts from your provider**.
- For this form to be a valid receipt, your provider must sign the Dependent Care FSA Receipt Form.
- We cannot process dependent care requests before the first date of the actual service. Please do not submit your claim before the first date of service to avoid denial/delay in reimbursement.
- Submit copies of your Dependent Care FSA Receipt Form with your Online Claim Confirmation and retain the originals for your records. To ensure your claim remains legible, please *do not* highlight items**.**

STEP #1: Valid Receipt Information

Use this section as your documentation by having the provider complete and sign.

DEPENDENT CARE PROVIDER SIGNATURE **X**	
Dependent Care Provider's Name	SSN or Tax ID#
Date of Service (include year) From: / / To: / /	Amount of Service $

STEP #2: Make copies of this Dependent Care FSA Receipt Form and retain the original for your records.

STEP #3: Submit your Online Claim Confirmation with this Dependent Care FSA Receipt Form.

Fax to: 1-866-717-3820

Use your Online Claim Confirmation as your Cover Sheet.

Claims and copies of documentation may also be mailed to: Ceridian FSA Services, P.O. Box 534451, St. Petersburg, FL 33747-4451. For Customer Service, please call **1-877-799-8820.**