

# Recurring Daycare Claims Program Form

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<https://cps125.com> and <https://eaglesbenefits.com>



<b>Employer:</b> _____	<b>Date:</b> _____
<b>Employee Name:</b> _____ <b>SS#:</b> _____	
<b>Phone Number:</b> _____	<b>Email Address:</b> _____
<b>Dependents for whom care will be provided:</b> _____ _____	
<b>The Provider charges a set amount of \$</b> _____ <b>per:</b> _____ Weekly    _____ Bi-Weekly    _____ Semi-Monthly    _____ Monthly	
<b>Rates are effective <u>From:</u></b> _____ / _____ / _____ <b><u>To:</u></b> _____ / _____ / _____	
<b>Providers Name:</b> _____ <b>Tax ID #:</b> _____	
Providers email address: _____	
<b>Provider's Signature:</b> _____	

## Here's How to Setup Your Recurring Daycare Claims Program:

- Participant: *Sign Instructions* for Recurring Daycare Claims Program
- Daycare Provider: *Complete* this form and sign
- *Fax* this form to Eagles (call to confirm receipt)

Some examples of <b>ELIGIBLE</b> Expenses:	Some examples of <b>INELIGIBLE</b> Expenses:
<ul style="list-style-type: none"> <li>• Day Care Centers</li> <li>• Elder Care</li> <li>• Family Child Care</li> <li>• Nanny / au pair</li> <li>• After School Care</li> <li>• Day Camps</li> <li>• Preschool</li> <li>• Sitters</li> </ul>	<ul style="list-style-type: none"> <li>• Educational Expenses, including Kindergarten</li> <li>• Incidental Fee, such as activity fees and field trips</li> <li>• Transportation Fees</li> <li>• Overnight Camps</li> <li>• Meals</li> <li>• Diapers</li> </ul>

# Instructions for Recurring Daycare Form

Eagles offers a service to assist those with recurring daycare expenses called the Recurring Daycare Claims Program. This form is good for the Plan Year per the IRS. We will request a new one each year.

- **What is a recurring claim?** Eagles can automatically reimburse you for a claim that you have a “fixed” contract for, such as your daycare expenses.
- **What does this mean for you?** Less paperwork and hassle!

## Here’s how to set up a Dependent Care Recurring Claim:

- Read these instructions, including the *Important Information* and sign below.
- Complete the *Dependent Care Information Form* – make sure that your daycare provider has signed the form and provided their Tax ID # (or SSN if it's an individual).
- Return both the signed *Instructions for Recurring Daycare Program Form* (this sheet) and the completed *Dependent Care Information Form* (attached) to Eagles. We will setup your daycare claim for automatic reimbursement based on your payroll cycle.
- If your employer offers direct deposit for this benefit, we encourage you to sign up for it. Please check with us or your employer for the information.

## *Important Information*

1. **Annual Request for Reimbursement:** the recurring claims program needs to be renewed at the start of each new Plan Year.
2. **Incurred:** A dependent care expense is “incurred” at the time the qualifying service is rendered – not when you are billed or pay for the expense. For example: Services rendered for the month of June are not fully incurred until June 30 and cannot be reimbursed until then.
3. **Available Amount is Based on Credited Amount:** The amount available for reimbursement for dependent care expensed may not exceed the amount credited to your dependent care account, less any prior reimbursements. In other words, you cannot receive more than you have contributed year-to-date via payroll deductions.
4. **Claims Substantiation:** Please keep all of your receipts. Eagles may request for your supporting documentation including bills, invoices or other statements showing that the dependent care expensed have been incurred and showing the amounts of such expenses, along with any additional information.
5. **Change of Status or Change of Cost:** It is very important to inform your Employer and Eagles whenever you have an increase or decrease in your dependent expenses or any other kind of change of status, such as stopping or starting daycare. Note: A change of cost does not apply if a relative is caring for your child and imposes a change of cost.

**I have read and understand the terms of participation in the Recurring Claims program.**

SIGNATURE: X \_\_\_\_\_ Date: \_\_\_\_\_

**(PLEASE RETURN BOTH PAGES TO EAGLES!)**