

Recurring Dependent Care Request Form

Completion Guide

If your cost of dependent care per month is less than your monthly payroll deductions or you have currently contributed more to your plan than you have incurred in expenses, you do not qualify for recurring dependent care and you'll need to file claims as services are incurred.

Step 1: Participant Information

- Complete the required fields (*).
- Changes to your profile can be made by logging in to your account at <http://mycdh.optum.com>.
- Please write legibly. Missing information may delay the processing of your claim.

Step 2: Recurring Dependent Care Account (DCA) Information

- Select only one option and provide the effective date

Step 3: Dependent Care Provider Information and Signature

This section needs to be completed by your dependent care provider

- Dependent Name: Name of the dependent(s) receiving care, each dependent listed separately
- Start Date: First day of the plan year that your dependent(s) received care
- End Date: Last day of the plan year that your dependent(s) will receive care
- Provider's Signature: Signature of dependent care provider
- Cost per week: Total dependent care expenses per week

Step 4: Participant Certification

Read the certification and submit the completed Recurring Dependent Care Form to Optum.

- Send your claim to:

Mail: Optum

c/o Health Account Services
PO Box 6122; Fargo, ND 58108-6122

Fax: 1-888-403-5029

Documentation Requirements

Documentation must be retained for your records and provided to Optum when requested to do so.

Documentation for dependent care expenses, required by the IRS, includes a third party receipt containing the following information (please be advised if a receipt is unavailable a signature from the provider is sufficient):

- Incurred dates of service
- Dollar amount
- Name of day care provider

Unacceptable forms of documentation include the following:

- Provider statements that only indicate the amount paid, balance forward or previous balance
- Credit card receipts that only reflect a payment
- Bills for prepaid dependent care/eligible expenses where services have not yet occurred

Recurring Dependent Care Request Form

This form is to be completed each plan year and as changes occur when the participant wants to receive recurring reimbursement of dependent care expenses. In order to qualify for recurring reimbursements, your cost of dependent care per month must meet or exceed your monthly payroll deductions. If that is the case, reimbursements will be made to you as your payroll deductions post to your Dependent Care Account. Documentation must be retained for your records and provided to Optum when requested to do so. If any information on this request form changes during the plan year, you must submit an updated Recurring Dependent Care Request Form

Step 1: Participant Information

*=Required Fields

*Employer Name (Do not abbreviate)

*Employee ID

*Participant Name (First, MI, Last)

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*Social Security Number

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*Day Telephone

Updates or changes to your information can also be made by logging into your account at <http://mycdh.optum.com>

Step 2: Auto-Dependent Care (DCA) Information

*Please select only **one** to start, change, or stop reimbursement.

Start Recurring DCA: Please start my recurring reimbursement with the information provided in Step 3.	Effective Date (mm/dd/yyyy)
Change Recurring DCA Information: Please update my reimbursement with the provided information as of the provided Effective Date.	
Stop Recurring DCA: Please stop my recurring reimbursement with the provided information as of the provided Effective Date.	

*Dependent(s) Name	*Date of Birth (mm/dd/yyyy)	*Start Date of Service (Must be within current plan year)	*End date of Service (Must be within current plan year)

If your cost of dependent care per month is less than your monthly payroll deductions or you have currently contributed more to your plan than you have incurred in expenses, you do not qualify for recurring dependent care and you'll need to file claims as services are incurred.

Step 3: Dependent Care Provider Information and Signature (to be completed by the provider)

I certify the information provided below is accurate. I understand the purpose of my signature on this form is to substantiate the name of the dependent care provider, the dates of service care is being provided, and the dollar amount of the services. I agree to provide the necessary receipts for documenting the participant's incurred dependent care expenses.

*Dependent(s) Name	*Start Date of Service (Must be within current plan year)	*End Date of Service (Must be within current plan year or use December 31 for up to the end of the year)	*Provider's Signature	*Cost Per Week

Step 4: Participant Certification

To the best of my knowledge, the provided information is complete and accurate. By submitting this, I acknowledge my child is age 12 or younger when the care was provided, the services are eligible dependent care expenses as defined by the IRS, I have not been previously reimbursed for these expenses, and I will not seek reimbursement from any other source. I understand that Optum, including its agents and employees, will not be held liable if I submit ineligible expenses for reimbursement. I have obtained or made reasonable efforts to obtain the provider's Tax ID (TIN) and I will include the TIN on IRS Form 2441 which I must attach to my federal income tax return. If there are any changes in the provided information, I understand it is my responsibility to notify Optum. I understand that Optum may require me to submit any additional documentation, receipts and an updated request form at any time. I should retain a copy of all submitted documentation in the event of an IRS audit

By submitting this form I certify the above.

*Participant Signature

*Date