

## Dependent Care Claim Form

IRS rules require Alight Smart-Choice Accounts to validate your eligible expenses before you're reimbursed.

### Getting Reimbursed

Once you've sent your required items, Smart-Choice Accounts will process your claim within five business days. If we have your email address, we'll notify you when your items have been received. You can review your claims status on your benefits website or the mobile app.

### Documentation You'll Need to Provide

You must provide proper supporting documentation so your claim can be approved. This includes a signed and dated copy of this claim form and copies of receipts or other documentation.

If you use a care provider or day care service, your itemized receipt must include:

- Dates of service
- Name of service provider
- Name of dependent receiving services
- Amount paid

This information can be provided from a generic receipt booklet or on a day care letterhead. If you've lost a receipt, contact your provider to request a copy. If you don't provide the necessary information, the processing of your claim may be delayed.

### Submitting Claims and Receipts

#### IMPORTANT NOTE:

Instead of submitting receipts, you can fill out the Provider Certification section of the attached claim form.



#### Online

- Your Benefits Website
- Smart-Choice Mobile App  
(available in app stores at no cost, if your employer offers this feature)



#### Fax

1.855.673.6719

If faxing, do not include a cover letter and please place your claim form in front of any itemized receipts.



#### Mail

Alight Smart-Choice Accounts  
P.O. Box 64009  
The Woodlands, TX  
77387-4009

**ACCOUNT HOLDER**Last NameFirst NameEmployer NameLast 4 of SSN (Optional)ZIP Code

**CLAIM 1**

Service Begin Date (MM-DD-YYYY)

Service End Date (MM-DD-YYYY)

Provider Name

Requested Amount

Dependent Name	Dependent Type	Dependent Value
...	...	...

## Service Begin Date (MM-DD-YYYY)

Service End Date (MM-DD-YYYY)

Provider Name

Requested Amount

Dependent Name	Dependent Address	Dependent City	Dependent State	Dependent Zip	Dependent Phone	Dependent Email
John Doe	123 Main St	New York	NY	10001	(212) 555-1234	john.doe@example.com
Jane Smith	456 Elm St	Los Angeles	CA	90001	(310) 555-5678	jane.smith@example.com
Bob Johnson	789 Oak St	Chicago	IL	60601	(312) 555-9012	bob.johnson@example.com
Alice Brown	101 Pine St	San Francisco	CA	94101	(415) 555-3456	alice.brown@example.com
Charlie Davis	202 Maple St	Phoenix	AZ	85001	(602) 555-7890	charlie.davis@example.com
Diana Evans	303 Cedar St	Philadelphia	PA	19101	(215) 555-2345	diana.evans@example.com
Frank Green	404 Birch St	San Diego	CA	92101	(619) 555-6789	frank.green@example.com
Grace Hill	505 Walnut St	Seattle	WA	98101	(206) 555-0123	grace.hill@example.com
Henry King	606 Cherry St	Portland	OR	97201	(503) 555-4567	henry.king@example.com
Ivy Lee	707 Elm St	Denver	CO	80201	(303) 555-8901	ivy.lee@example.com
Jack Miller	808 Oak St	San Jose	CA	95101	(408) 555-2345	jack.miller@example.com
Karen Wilson	909 Pine St	Austin	TX	78701	(512) 555-6789	karen.wilson@example.com
Leo White	1010 Maple St	San Antonio	TX	78201	(214) 555-0123	leo.white@example.com
Mia Black	1111 Cedar St	Fort Worth	TX	76101	(817) 555-4567	mia.black@example.com
Noah Gray	1212 Birch St	San Jose	CA	95101	(408) 555-8901	noah.gray@example.com
Olivia Brown	1313 Walnut St	San Jose	CA	95101	(408) 555-2345	olivia.brown@example.com
Peter Green	1414 Cherry St	San Jose	CA	95101	(408) 555-6789	peter.green@example.com
Quinn White	1515 Elm St	San Jose	CA	95101	(408) 555-0123	quinn.white@example.com
Rachel Black	1616 Oak St	San Jose	CA	95101	(408) 555-4567	rachel.black@example.com
Samuel Gray	1717 Pine St	San Jose	CA	95101	(408) 555-8901	samuel.gray@example.com
Tina Brown	1818 Maple St	San Jose	CA	95101	(408) 555-2345	tina.brown@example.com
Uma White	1919 Cedar St	San Jose	CA	95101	(408) 555-6789	uma.white@example.com
Victor Black	2020 Birch St	San Jose	CA	95101	(408) 555-0123	victor.black@example.com
Wendy Gray	2121 Walnut St	San Jose	CA	95101	(408) 555-4567	wendy.gray@example.com
Xavier Brown	2222 Cherry St	San Jose	CA	95101	(408) 555-8901	xavier.brown@example.com
Yara White	2323 Elm St	San Jose	CA	95101	(408) 555-2345	yara.white@example.com
Zoe Black	2424 Oak St	San Jose	CA	95101	(408) 555-6789	zoe.black@example.com

## PROVIDER CERTIFICATION

I certify that the charges listed above for dependent care services have been incurred for the dates shown and do not include any fees related to overnight camp, food, clothing, education-related costs for kindergarten or higher grade levels, nursing home, or health care costs.

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Provider Signature

Provider's Tax ID Number or SSN

By signing below, I certify that the information I'm providing is correct, and that the expenses for which I'm requesting reimbursement (or am validating) were for services or supplies that (1) I (or my eligible dependents) received under the plan, (2) were furnished on or after the date my spending account took effect, (3) haven't been reimbursed through any other source and won't be submitted for future reimbursement, (4) don't include any amounts that are otherwise payable by plans for which I am (or my dependents are) eligible, (5) are limited to expenses listed as eligible Dependent Care Spending Account expenses on the Smart-Choice Accounts website, (6) were provided to my tax-eligible dependent child under age 13 or to my qualified, disabled adult tax-dependent, and (7) were incurred while I (and my spouse, if married) worked\* or looked for work. For prescription expenses, I am submitting a valid prescription and itemized receipt. Claim decisions will be made in accordance with the provisions of the plan.

\_\_\_\_\_  
Employee Signature

Date \_\_\_\_\_

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Posted Dec 2022