

### Claim Filing Options:

- ▶ **File claim online** - Log in to your account at [www.wageworks.com](http://www.wageworks.com) to submit your claim electronically.
- ▶ **File claim via fax or mail** - Claim details may be entered online and a completed form may be printed and faxed or mailed with documentation. Fax: 855-291-0625, US Mail: CLAIMS ADMINISTRATOR-FBWW, P.O. Box 14326, Lexington, KY, 40512

### Instructions to fill out this form:

Complete ALL account holder information. Please give your employer name without abbreviation.

Use your documentation to complete each section of the form, including the following items:

- 1 Provider Name
- 2 Service Date(s)
- 3 Dependent Name and Relationship to Account Holder
- 4 Type of Service
- 5 Amount Billed
- 6 Provider Signature is *not required*, but can replace need for other proof of service.

ACCOUNT HOLDER:				
SMITH			JOHN	
Last Name			First Name	
JONES GRAPHICS				
Employer Name				
5421		10063		
ID Code*		Zip Code		
* ID Code is the last 4 digits of your Social Security Number, your Employee ID number or other reference number assigned by your employer. Please check the enrollment instructions provided by your program sponsor for more information about your ID Code.				
PROV NAME	SERV DATES (Start and End Dates) (MM/DD/YY)	DEPENDENT NAME	RELATIONSHIP TO ACCOUNT HOLDER AND TYPE OF SERVICE	OUT-OF-POCKET
Sunshine Day Sch	01/03/12 01/07/12	Susan Smith	Relationship to Account Holder: <input type="radio"/> Spouse <input checked="" type="radio"/> Dependent Child <input type="radio"/> Other _____ Type of Service: <input type="radio"/> Child Care <input checked="" type="radio"/> Preschool <input type="radio"/> Before/After school <input type="radio"/> Senior day care <input type="radio"/> Au pair <input type="radio"/> Summer day camp	\$ 115.00
Signature of Provider: (Replaces the need for other proof of service.) <i>Martha Sunshine</i>				
Debbie's Daycare	01/03/12 01/07/12	Jacob Smith	Relationship to Account Holder: <input type="radio"/> Spouse <input checked="" type="radio"/> Dependent Child <input type="radio"/> Other _____ Type of Service: <input type="radio"/> Child Care <input checked="" type="radio"/> Preschool <input type="radio"/> Before/After school <input type="radio"/> Senior day care <input type="radio"/> Au pair <input type="radio"/> Summer day camp	\$ 130.00
Signature of Provider: (Replaces the need for other proof of service.) <i>Debbie Johnson</i>				
Dependent Name: _____				

### Tips For Claim Submission

- ▶ Dependent care expenses cannot be paid to anyone who is your child or stepchild under the age of 19 or claimed as a dependent on your tax returns.
- ▶ A dependent is generally defined as your tax dependent child under the age of 13 for whom you have custody for more than half the year and for whom you provide more than half of his/her support.
- ▶ You may **not** submit expenses for an Adult Designee's dependent child. An Adult Designee's dependent child's expenses are **not** eligible for reimbursement under the plan.
- ▶ If you have questions whether any other individual qualifies as a dependent for whom you may seek reimbursement of dependent day care expenses, see the detailed benefits information at [www.nebraska.edu/benefits](http://www.nebraska.edu/benefits).

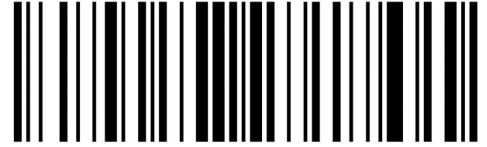
### Tips For Documentation

- ▶ Ensure that the documentation is legible.
- ▶ Cancelled or copies of checks and credit card receipts do not contain all 5 required pieces of information needed to approve your expense, and are not acceptable for submission.
- ▶ If multiple pieces of documentation are attached, please circle the dollar amount that is being claimed on each piece of documentation.
- ▶ The use of a highlighter causes items to not be legible on the documentation; highlighter use is not recommended.
- ▶ At the end of the tax year, you are required to provide the IRS with the provider name, address and Tax ID # on Tax Form 2441 in order to obtain the tax advantage for these expenses.

### Tips For Faxing

- ▶ Do not use a cover page when faxing the claim form and documentation.
- ▶ Please allow 2 business days from receipt of your claim for processing.
- ▶ You will be notified via email of the status of your claim if we have a valid email address on file (to update your email address, please log in to your account at [www.wageworks.com](http://www.wageworks.com) and select "Profile" in the upper right corner of the screen.
- ▶ Send only photocopies of your claim form and documentation – keep the originals for your records if submitting via postal mail.
- ▶ Submit only claims for your own account.

- ▶ **File claim online** - Join the growing majority of participants who submit their claim online for faster service. Log in to your account at [www.wageworks.com](http://www.wageworks.com) to file your claim electronically and upload your documentation.
- ▶ **File claim via fax or mail** - Claim forms may also be filed either via fax or US Mail and sent to the following locations:  
Fax: 855-291-0625, US Mail: CLAIMS ADMINISTRATOR-FBWW, P.O. Box 14326, Lexington, KY, 40512
- ▶ **Claim processing time** - Claims will be processed within 2 business days after WageWorks receives the form. You may check the status of your claim by logging into your account at [www.wageworks.com](http://www.wageworks.com).



**ACCOUNT HOLDER:**

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Last Name

First Name

UNIVERSITY OF NEBRASKA	
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Employer Name

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ID Code\*

Zip Code

\* ID Code is the last 4 digits of your Social Security Number, your Employee ID number or other reference number assigned by your employer. Please check the enrollment instructions provided by your program sponsor for more information about your ID Code.

PROVIDER NAME	SERVICE DATES (Start and End Dates) (MM/DD/YY)	DEPENDENT NAME, RELATIONSHIP TO ACCOUNT HOLDER AND TYPE OF SERVICE	OUT-OF-POCKET COST																						
Signature of Provider: (Replaces the need for other proof of service.) _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px; height: 20px;"></td><td style="width:20px; height: 20px;"></td><td style="width:20px; height: 20px;"></td><td style="width:20px; height: 20px;"></td><td style="width:20px; height: 20px;"></td><td style="width:20px; height: 20px;"></td></tr> <tr><td style="width:20px; height: 20px;"></td><td style="width:20px; height: 20px;"></td><td style="width:20px; height: 20px;"></td><td style="width:20px; height: 20px;"></td><td style="width:20px; height: 20px;"></td><td style="width:20px; height: 20px;"></td></tr> </table>													Dependent Name: _____ Relationship to Account Holder: <input type="radio"/> Spouse <input type="radio"/> Dependent Child <input type="radio"/> Other _____ Type of Service: <input type="radio"/> Child Care <input type="radio"/> Preschool <input type="radio"/> Before/After school <input type="radio"/> Senior day care <input type="radio"/> Au pair <input type="radio"/> Summer day camp	\$ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> </tr> </table>										
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More expenses? Please complete another form.

**CERTIFICATION AND AUTHORIZATION:** I certify that the information on this form is accurate and complete. I am requesting reimbursement for dependent care expenses incurred for the care of a qualifying individual (my dependent child under the age of 13, my spouse if physically or mentally incapable of taking care of him or herself, or my dependent child age 13 or older or Adult Designee who qualifies as my tax dependent under federal tax law and is physically or mentally incapable of taking care of him or herself) while I was a participant in the plan. I understand that expenses for which I am reimbursed may not be used to claim any federal income tax deduction or credit. These services have already been provided and I have not and will not seek reimbursement of this expense from any other plan or party. Use of this service indicates my acceptance of the WageWorks User Agreement at [www.wageworks.com](http://www.wageworks.com) (available upon registration; enter user name and password or click on First Time User? link).