

**NYU CHILD CARE FUND FOR OFFICE AND TECHNICAL STAFF
REIMBURSEMENT REQUEST FORM**

1. Employer's Name: NEW YORK UNIVERSITY		2. Plan Number: 0175399 Plan Code: 0002	
3. Employee's Name	4. Date of Birth	5. Sex	6. Social Security Number
7. Employee's Address (Street) (Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No)		8. City	9. State
			10. Zip Code
11. Name of child(ren) for whom you are claiming reimbursement _____ _____		12. Date(s) of Birth _____ _____	13. Relationship to Employee _____ _____

SECTION 1: COMPLETE WHEN CHILD CARE IS PROVIDED BY A CHILD CARE CENTER OR PRE-SCHOOL.

PLEASE ATTACH ORIGINAL BILLS (including name of program, names of child(ren) cared for, dates care provided, cost of care) TO THIS FORM; SIGN THE SIGNATURE SECTION ON REVERSE SIDE.

- a. Name of center or pre-school _____
- b. Federal Tax ID# of center or pre-school, License # for Tax Exempt center or pre-school _____
- c. Total amount submitted for reimbursement consideration: \$ _____
- d. Period for which child care services were rendered: / / to / /
(for which you are now claiming reimbursement) Month/Day/Year Month/Day/Year

SECTION 2: COMPLETE WHEN YOUR CHILD RECEIVES CARE FROM AN INDIVIDUAL OUTSIDE YOUR HOME.

PROVIDE A COPY OF YOUR CANCELED CHECK(S), MONEY ORDER(S) OR A RECEIPT SIGNED BY THE CHILD CARE PROVIDER. SIGN THE SIGNATURE SECTION ON REVERSE SIDE.

- a. Name of individual providing child care services _____
- b. Address of individual providing child care services _____
- c. Social Security Number or Federal Tax Identification of individual providing child care services _____
- d. Period for which child care services were rendered: / / to / /
(for which you are now claiming reimbursement) Month/Day/Year Month/Day/Year
- e. If child care was provided outside your home, state amount of expenses incurred outside your home during this period \$ _____

SECTION 3: COMPLETE WHEN YOUR CHILD RECEIVES CARE FROM AN INDIVIDUAL INSIDE YOUR HOME.

PROVIDE A COPY OF YOUR CANCELED CHECK(S) AND BREAK DOWN THE EXPENSES FOR WHICH YOU ARE CLAIMING REIMBURSEMENT. SIGN THE SIGNATURE SECTION ON REVERSE SIDE.

- a. Name of individual providing child care services _____
- b. Address of individual providing child care services _____
- c. Social Security Number or Federal Tax Identification of individual providing child care services _____
- d. Time period for which child care expenses were incurred in your home: / / to / /
(for which you are now claiming reimbursement) Month/Day/Year Month/Day/Year
- e. Household services related to care of your child in this period \$ _____
- f. Taxes you paid (FICA and FUTA) on wages paid to a housekeeper in this period \$ _____
- g. Room and board expenses incurred outside of the home for a housekeeper in this period \$ _____
- h. Transportation expenses of a housekeeper in this period \$ _____
- i. Other (list) _____

PLEASE READ AND SIGN ON REVERSE

ELIGIBLE CHILD CARE EXPENSES

The Child Care Fund can be used to pay for care of a child which allows you and your spouse, if you are married, to be gainfully employed or search actively for work.

An eligible child is considered to be anyone you claim as a dependent on your income tax return and who is under age 13.

Eligible child care expenses include:

- Payments made for child care services provided in your home as long as the services are not provided by someone you also claim as a dependent, nor by a child of yours under 19 years of age, whether or not a dependent.
- Payments made for child care services outside your home, such as preschool tuition (below first grade), day camps (not overnight camps), after-school programs, and child care centers.

In order to exclude the amount NYU contributes to the Child Care Fund from your income, you must provide the IRS with the provider's tax identification number. (Social Security number for individuals, Federal Tax Identification number for for-profit centers, or license number for non-profit centers).

GETTING REIMBURSED FOR CHILD CARE EXPENSES

Keep properly itemized bills and receipts for all qualified expenses. You may apply for reimbursement monthly. Payments can only be made to you personally, so you must pay the provider of care directly and reimburse yourself from your Child Care Fund.

For your claim to be valid, you must not receive reimbursement for the same costs from any other source. You must have incurred the expense while you were employed with NYU during the period January 1, 2006 through December 31, 2006. Your claim must be postmarked no later than December 31, 2006.

Reimbursements are issued weekly.

Reimbursement from the Child Care Fund: You can only be reimbursed from the money that has been deposited into your Child Care Fund by the date you make the claim. NYU contributions are deposited in equal monthly installments, so funds build up gradually in your account. If you submit a claim for more than the amount available in the account at that time, you will be paid what you have in your account. Any remaining expenses will be automatically reimbursed (according to the monthly schedule) as soon as additional deposits are available.

NOTE: ALL REIMBURSEMENTS FROM THE NYU CHILD CARE FUND ACCOUNT WILL BE MADE DIRECTLY TO YOU BY UNITED HEALTHCARE.

I certify that I have incurred the expenses for which reimbursement is claimed from the NYU CHILD CARE FUND and I further declare that I have not and will not claim credit for these expenses on my income tax return. I further certify that I have read and understand the limitations on reimbursement from the NYU CHILD CARE FUND as explained above and that I am eligible to receive benefits under this program.

Signature: _____ **Date:** _____

Print Name: _____

MAIL THIS FORM TO: United HealthCare
Attn: Flexible Spending Unit
P.O. Box 981178
El Paso, Texas 79998-1178