



DEPENDENT CARE/CHILD CARE REIMBURSEMENT ACCOUNT REQUEST
CENTRAL NEW MEXICO COMMUNITY COLLEGE
 Return to: The Cafeteria Plan Company
 Fax 505-247-0568; email dwright@rsabq.com
 500 Fourth St. NW, Albuquerque NM 87102
Phone: 505-822-9300

Employee Name:

Employee SSN

Employee Address (city, state, zip):

Dependent Name	Relationship	Date of Birth	Dates of Service- From - To	Names & Address of Provider/Facility	Day Care Provider Tax ID #, EIN, SS #

I request reimbursement for the attached expenses under the Dependent Care Reimbursement Flexible Spending Account Plan. I certify that the expenses submitted are for dependent care as defined by the Internal Revenue Code (see below for requirements) I furthermore declare these expenses have been incurred by me for my eligible dependent and I will not be reimbursed from any other source. I will notify the plan administrator in the event I am reimbursed.

Employee signature:

Date:

Amount requested:

INSTRUCTIONS

- This form must be signed and completed in full and accompany your claim receipts
- *Clear and Readable* receipts must be submitted with your claim
- Each claim submitted must have the correct provider address and tax ID information and dates of service filled in
- Reimbursement cannot be made in advance of the service provided or before funds have been deposited into the account
- Only those qualified dependent care expenses as described in the IRS Publication 503 are eligible for reimbursement. Please be advised that CNM Dependent Care plan may not contain all of the details of the governing IRS rules and regulations. Special rules apply to divorced parents or married individuals living apart.
- The expense must be incurred by you for an eligible dependent who is:
 - a. under the age of 13 for which you are entitled to an income tax deduction or
 - b. a dependent or spouse, regardless of age, who is incapable of caring for himself or herself and lives in your home, for whom you can claim an exemption.
- The expense must be for services for the care of the eligible individual which enables you to work
- **Dependents receiving care must be your taxable dependents.**