

DEPENDENT CARE ACCOUNT PAY ME BACK CLAIM FORM

TOLL-FREE FAX: 877-782-8889
Email: claims@takecareclaims.com
Or mail to take care by WageWorks, PO Box 14054, Lexington, KY 40512

To ensure speedy processing: DO NOT USE A FAX COVER SHEET

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Dependent(s)					From To						of Service Provider Mary Ellen Martinez/Auntie's Day Care																			
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					1		Attach a receipt from your daycare provider, or include the daycare provider's signature.										Provider's Signature:													
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NOTE: The total amount claimed under the Plan for any coverage period must not exceed the lesser of your earned income for the Plan Year of the earned income of your spouse. (If your spouse is either a full-time student or is incapable of taking care of himself or herself, then he or she is deemed to have monthly earnings of \$250 if there is one (1) child or dependent, or \$500 if there are two (2) or more.) No payment may be made under the plan if the service provider is your child, stepchild, or your dependent for federal income tax purposes who is under 19 years of age.

To complete an electronic claim form or check your account balance go to

takecareWageWorks.com