

CLAIM FILING GUIDELINES FOR DEPENDENT CARE SPENDING ACCOUNTS

Account Contributions

Deposits to this account are made throughout the year based upon the amount you chose to contribute when you enrolled.

Once your contributions begin, you may change or suspend participation only when you have a qualifying status change.

If you have dollars remaining in your account at the end of the plan year (note the final claim filing date in the box below), these will not carry forward into another plan year, but will be forfeited.

Filing A Claim

When you have an eligible expense, complete a "Request For Reimbursement" claim form and submit to the address listed on the form.

Please attach a receipt or other verification of the expense claimed. However, if your dependent care provider signs your claim form, you do not need to provide additional documentation.

Filing A Claim, continued...

To be payable, claims submitted must be for expenses incurred within this plan year.

Claims Reimbursement

Claims may be submitted at any time. To ensure that your claims are processed at the earliest date, they must reach our office by the claim filing deadlines. A Reimbursement Account Schedule which lists your group's claim filing deadlines is enclosed. Please note that checks will not be processed until there has been a payroll deduction.

Claims may be submitted for any amount. However, reimbursement will be made only after your claim(s) equal or exceed the minimum check amount (listed below). This minimum will be waived at plan year-end.

If claims submitted are greater than the balance in your dependent care account, reimbursement will be limited to the account balance. The unreimbursed amount will carry forward to subsequent months in the plan year; you need not resubmit.

If you have questions about these claim guidelines, please call the Flexible Benefits department at (800) 624-2755.

Plan Provisions - Iowa State University

Current Plan Year:	January 1, 2005 through December 31, 2005
Claim Deadlines/Processing Dates:	See attached "Reimbursement Account Schedule"
Final Claim Filing Deadline:	Claims must be postmarked by March 31, 2006
Minimum Check Amount:	\$25.00