

Cigna Dependent Care Reimbursement Request Form



Use this form to request payment from your Dependent Care Flexible Spending Account

Fill in **all** the required information **and** sign the form. Do not leave any box empty. Missing information will slow down how quickly we can process your claim and we won't be able to pay you back.

**FOR INTERNAL USE ONLY:
CORR TYPE - DC**

EMPLOYEE INFORMATION				
*1. Cigna ID Number or Social Security Number	*2. Last Name	*3. First Name	4. M.I.	*4a. Date of Birth MM / DD / YY
*5. Mailing Address		*6. City	*7. State	*8. Zip Code
9. Employer Name		*10. Account Number(s)		

Complete 11-16 for each dependent you are submitting expenses for.

DEPENDENT INFORMATION	
*11. Name of Dependent (person receiving care)	*12. Description of Expense
*13. Date(s) of Service MM / DD / YY to MM / DD / YY	*14. Expense
*15. Care Provider Name (person/center giving care)	*16. Signature of Care Provider (optional - you can attach itemized receipt instead)

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Important! Sign your name, if you don't we can't pay you back.

MY DECLARATION	
<p>For Dependent Care claims, I declare that:</p> <ul style="list-style-type: none"> • These expenses are for day care services for my dependents. • According to the Internal Revenue Service (IRS) rules, these expenses qualify to be excluded from my federal taxable wages and repaid to me. • I haven't already requested repayment for these expenses. I haven't received payment from any other source, nor do I expect to. • I agree to notify Cigna immediately if I receive payment from another source for any of these expenses. • Either the provider of the care has signed or I have attached an itemized receipt for the amount requested. 	
*17. Employee Signature (Required - unsigned Reimbursement Request Forms will not be processed and will be returned to you)	Date

ONCE YOU HAVE SIGNED THE FORM, FAX TO (1.877.823.8953 or 859.410.2432) OR MAIL TO: Cigna, P.O. Box 182223, Chattanooga, TN 37422-7223

For more information, see the Frequently Asked Questions on page 2 of this form.



Cigna Dependent Care Reimbursement Request Form - Frequently Asked Questions

FILLING OUT THE FSA DEPENDENT CARE REIMBURSEMENT REQUEST FORM

1. How do I know what information is "required"?

Required information is marked with an *.

2. I'm not sure what my account number is as asked for in Box 10.

If you have a Cigna medical card, the account number is listed. If not, call Customer Service at 1.800.Cigna24 (1.800.244.6224).

3. Who signs the form?

The employee must sign and date the form in Box 17. Without the employee's signature, we can't pay you.

4. Which expenses are eligible?

Care for eligible dependents while you and your spouse are at work, looking for work, or going to school. For more information, please review www.cigna.com/expenses.

ALL ABOUT RECEIPTS

5. My care provider does not provide a printed receipt. What do I send?

Instead of a receipt, you can submit this form with the caregiver's signature in Box 16. If you are missing receipts from more than one caregiver, please fill out a separate form and get a signature from each caregiver.

6. What information must the itemized receipt include?

- **Date of Service** - The date you received the service.
- **Type of Service** - A detailed description of the service you paid for.
- **Name of the dependent who received the service.**
- **Amount** - The dollar amount paid for the service.

Please note: Credit card slips are generally not accepted, as they do not contain itemized information.

7. Are there guidelines I should follow when I prepare and send receipts?

The following will help us process your reimbursement request as quickly as possible:

- For mailed claims, tape store receipts smaller than 8.5" x 11" to a blank sheet of paper, so we can scan it easily.
- On each receipt, circle the expenses you listed on the Reimbursement Form.
- Do not use a highlighter: Items that are highlighted are often made invisible when faxed, copied or scanned into our system.

SENDING IN YOUR REQUEST

8. How will I get the payment?

If you have signed up for direct deposit, it will be automatically added to your bank account when processed. Otherwise, you will need to wait for a check to be mailed.

9. Should I save copies of my request?

Yes. Keep copies of the form, receipts and all other documents you send us. You may need them for tax purposes.

10. How can I check the status of my request?

If you have signed up for email notifications, we will send you an email within 2-3 days letting you know we have received it. You can also view the status of your claim on myCigna.com.

11. I elected a goal of \$5,000 in my dependent care FSA. Is it available immediately?

The Dependent Care FSA account works differently than the Health Care FSA. You cannot withdraw funds from the account until you have deposited funds via payroll deduction. Don't worry - just submit the incurred expense and as soon as funds are available we will send you the money.

12. Who can I contact if I have questions or need help filling out this form?

Please call us at 1.800.Cigna24 (1.800.244.6224) or the number on your Cigna ID card. We're here 24/7. Please wait at least three business days after you send us your request before calling us for the status of a faxed claim.

GETTING THE MOST OUT OF MY DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

13. Review the eligible expense list at www.cigna.com/expenses. You may have incurred an eligible expense and not know it.

14. Sign up for email alerts (such as claim received, and warnings when you are about to lose FSA funds) at myCigna.com→profile→Email and document delivery preferences→claims and account notifications.

15. Try using the online reimbursement form and never worry about a broken fax machine or a postal delay again. myCigna.com→forms→Online Reimbursement Request

16. Get paid back quickly. Sign up for direct deposit at myCigna.com→profile→reimbursement preferences→Direct deposit for claim reimbursements.