HARRISHEALTH
EMPLOYEE BENEFITS

CHILDCARE SUBSIDY BENEFIT

Dependent Care Lifestyle Spending Account (LSA) Claim Form

Before you begin: Use this form as a claim-preparation worksheet for submitting a claim. A complete claim includes an itemized childcare receipt, proof of payment when not reflected on the receipt, and dependent eligibility documentation with each claim submitted. Reimbursement is based on the available account balance and is subject to plan rules.

PROGRAM	ANNUAL MAXIMUM	MONTHLY AVAILABILITY	TAX TREATMENT
Employer-funded childcare subsidy	**Up to $2,500**	**Up to $208.33**	**Taxable reimbursement**

EMPLOYEE INFORMATION	
EMPLOYEE LEGAL NAME	**EMPLOYEE ID**
EMPLOYEE EMAIL	**EMPLOYEE PHONE NUMBER**

DEPENDENT INFORMATION

One row per child included in this claim

DEPENDENT FULL NAME	DEPENDENT DATE OF BIRTH	DEPENDENT RELATIONSHIP

Dependent eligibility documentation: Attach the applicable documentation from the Harris Health dependent eligibility grid found in the Benefits Guide, such as a birth certificate, adoption or guardianship record, or documents supporting a stepchild relationship. Grandchild claims may require the applicable affidavit and supporting tax documentation under Harris Health eligibility rules. **Dependent eligibility documentation must be submitted with each claim.**

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REQUIRED CHILDCARE PROVIDER INFORMATION	
PROVIDER / CHILDCARE CENTER NAME	
PROVIDER TYPE	
PROVIDER CONTACT NAME	
PROVIDER PHONE NUMBER	
PROVIDER ADDRESS	
PROVIDER EIN/TAX ID, or SSN IF AN INDIVIDUAL PROVIDER	
RELATIONSHIP TO EMPLOYEE, IF ANY	

CLAIM DETAIL

List each date or service period separately

CLAIM #	DEPENDENT NAME(S)	DATE(S) OR SERVICE PERIOD(S) OF CARE	AMOUNT PAID

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REQUIRED SUPPORTING DOCUMENTATION

Check each item included

- ☐ Itemized receipt or invoice showing provider, date(s) or service period of care, dependent, and amount charged
- ☐ Proof of payment if not reflected on the receipt

- ☐ Dependent eligibility documentation must be submitted with each claim
- ☐ If applicable: provider statement or additional explanation
- ☐ Other supporting document: _____

Documentation standard: Documents must be readable and consistent with the dates, dependent, provider, and amount listed on this form. Claims may be delayed, denied, or adjusted if the documentation is incomplete or does not support the request.

EMPLOYEE ATTESTATIONS

Initial each statement

	The childcare services were provided on the date(s) or during the service period(s) listed in this claim.
	I certify that the amount requested has not been reimbursed through another Harris Health benefit or program.
	The claim is for an eligible dependent child under age 13 and meets the Harris Health Childcare Subsidy plan rules.
	The eligible childcare expense was incurred on behalf of my dependent, and the amount requested does not exceed the amount actually paid for the childcare services.
	The information and documents provided are complete, accurate, and authentic. I understand the claim may be reviewed or audited.
	I understand approved reimbursements are treated as taxable income and may result in payroll tax withholding or an imputed earnings entry.
	I understand reimbursement is subject to my available account balance, program limits, employment status, and all applicable plan rules.

CERTIFICATION AND SIGNATURE

By signing below, I certify that I have read and agree to the attestations above and authorize Harris Health and its administrator to verify the information submitted for purposes of claim administration, payroll taxation, audit, and recovery of overpayments.

Employee Signature	Date