



Submitting Documentation and Filing Claims

Claims may be submitted as the expenses are incurred, or they may be bundled and submitted periodically throughout the Plan Year. Claims are typically processed within 1-2 business days of submission. After your claim is processed, you will receive a notification via email if it was denied or if additional documentation is required. All claims must be submitted by the specified claims submission deadline. Please refer to your Summary Plan Description or Plan Detail Document found in your online portal for your claims submission deadline. Claims may be submitted using any of the following methods:

Online: www.vitaflex.net
Email: claims@vitamail.com

Fax: (866) 964-3539
US Mail: 1451 Grant Road #200, Mountain View, CA 94040

Claims Eligibility Overview

Only employees who are active Pre-Tax Benefits Plan participants with a Vita Flex Dependent Care Flexible Spending Account (FSA) may file a claim. Only certain dependent care expenses are eligible for reimbursement. The IRS establishes the guidelines for claim eligibility.

Dependent Care FSA funds are for custodial care of a qualifying individual so you can stay gainfully employed. Eligible expenses for your Dependent Care FSA must be incurred during the Plan Year and after your participation effective date. Reimbursement is limited to the lesser of total of reported payroll deductions or your election amount for the Plan Year.

Qualifying Individuals

Expenses for dependent care must be for the benefit of a dependent who is a "Qualifying Individual." A dependent must be someone you claim as a dependent on your federal income tax return. There are two types of qualifying individuals:

- Dependent children under the age of 13. (This means while they are 12, they are eligible, but on their 13th birthday, they are no longer considered eligible.)
- Spouse or other dependent age 13 or older who is physically or mentally unable to provide for his or her own care and who spends a minimum of eight (8) hours per day in your household.

Restrictions on Plan Participation

To qualify to make an election under the Dependent Care FSA plan, you must actually be at work while a qualifying individual will be provided care. If you are married, both you and your spouse must be working while care is to be provided. Generally, one of the following eligibility guidelines must also be satisfied:

- Your spouse must have net taxable income of no less than your Dependent Care FSA plan election (if you are married); or
- You must be a single parent; or
- Your spouse must be a full-time student at least 5 months during the year while you are working; or
- You are divorced and your child is in your custody.

Expense Claim Rules

To be eligible a claim must meet the following:

- A dependent care expense is "incurred" on the date when the dependent is provided the care that gives rise to the dependent care expense, not when the participant is formally billed/charged or actually pays for the care.
- Allowable expenses follow the general guidelines outlined for personal income tax purposes. However, there are certain circumstances where these guidelines do not match perfectly. Please refer to the Summary Plan Description or Plan Detail Document for full details.
- Only qualified expenses as outlined by the IRS are considered eligible for reimbursement. Vita Administration Company has no authority to alter or expand the eligible expense guidelines dictated by the IRS.
- Expenses must be eligible and must not have been reimbursed or be eligible for reimbursement by any other source, such as another Dependent Care FSA plan.
- If you are on a Leave of Absence (LOA), claims incurred while you are not actively at work are not eligible for reimbursement.

Reimbursement Guidelines

Approved claims are processed for reimbursement on Tuesdays. Those reimbursements are issued Friday the same week. Claims that are approved on or after Tuesday will be processed the following week.

Federal tax law requires that the salary deferrals under your Dependent Care FSA plan be a “use it or lose it” arrangement. If claims with complete documentation are not submitted in a timely manner (the claims submission deadline), the balance of your salary deferrals will be forfeited to your employer and cannot be reimbursed to you.

Eligible Expenses

The Dependent Care FSA plan may only reimburse eligible expenses for dependent care. In order to qualify, the expenses must be necessary in order for you (or you and your spouse) to remain gainfully employed. Dependent care expenses must be incurred while you are actually working (or looking for work). In addition, expenses must be primarily custodial in nature (as opposed to educational in nature) in order to be eligible. Following is a list of most but not all eligible dependent care expenses:

- Expenses paid to a dependent care center or dependent care provider. If care is provided at a dependent care center, it must be licensed according to the laws of the state where the provider is located.
- Expenses paid to an in-home dependent care provider.
- Expenses paid for pre-school or daycare of a pre-school age child.
- Expenses paid to an adult day care facility for a qualified individual.
- Expenses paid for after school care or summer care that is primarily custodial in nature.

Expenses That Are Not Eligible

The Dependent Care FSA plan may not reimburse expenses for dependent care that fall under the following categories:

- Specifically excluded care items are *not* considered eligible. Examples of such ineligible expenses include, but are not limited to: diaper fees, transportation fees, late payment fees, food fees, and materials fees.
- Expenses for classes, educational enrichment programs, kindergarten, summer school, or after-school tutoring sessions are *not* eligible expenses. Examples of expenses that are not eligible include, but are not limited to, language classes, SCORE, tutoring, gymnastics lessons, piano lessons, therapy, sports classes, sports leagues or summer camps that are primarily educational in nature.
- Expenses paid for overnight camp *regardless* of whether or not the amounts can be split between day and night care.
- Expenses paid to a care provider who can also be claimed as a dependent on your federal tax return (for example, if your younger child is being cared for by her older sibling, for whom you are also entitled to a tax exemption).
- Expenses for care of an individual who does not qualify.

Changes in Plan Participation

You may only change or terminate Plan participation or modify your election amount if you have a qualified change in family status or experience one of the other exceptions to irrevocability outlined in your Summary Plan Description or Plan Detail Document. Changes in family status include: birth, death, marriage, divorce, change of employment of a spouse, change in dependent care provider, change in the cost of dependent care, and certain other situations. Changes must be submitted within 30 days of the change in family status.

Documentation for Claims

Appropriate documentation must be provided for each dependent care expense. You may have the care provider sign the Dependent Care claim form or submit receipts. If needed you can download a copy of the claim form from our [document library](#). Receipts when provided must identify the following items:

- Name of the qualifying individual receiving care
- Name or company name of the dependent care provider
- Dates or date range of care
- Amount charged for care

A handwritten receipt may be accepted. However, handwritten receipts must include the provider’s signature as well as all of the required details. Copies of canceled checks or credit card receipts alone will not suffice. A copy of an actual billing statement is acceptable if all of the required elements identified above are included. Please retain a copy of your signed claim form and supporting documentation for your records.



Common Correctable Reasons for Denial of Claims

There are many reasons your claim may be denied or you may be asked for additional documentation. The most common reasons are:

Date of Service Unclear

Some statements or receipts will not show dates of care. This can cause issues, as it will seem as though any dates that do appear could just be the date the statement was printed, and will not be accepted as proof that the care occurred on the listed date(s). Getting an updated statement that specifically outlines the actual dates of care can resolve this.

[Example of Denied Documentation](#)

Registration Fees Prior To First Date Of Care

Registration fees are only eligible after care starts. Resubmit at a later date, after the care program has started, to address this.

[Example of Denied Documentation](#)

Prepayment for Services

Dependent care services cannot be claimed more than one month in advance. Resubmit at a later date, after the services have happened, to address this.

[Example of Denied Documentation](#)

Child's Name Missing

If the child's name is not present on the documentation the claim cannot be approved. Getting an updated statement that includes your child's name can resolve this.

[Example of Denied Documentation](#)

What Looks Right on a Document, But is Not Sufficient:

- Billing company if it is not the same as the care provider name.
- Date of payment or invoice vs. the actual date(s) of care.
- Parent or payer's name vs. the specific name of the child(ren) receiving care.
- Amount you paid vs. the amount charged or billed for particular dates of care, to prove your final responsibility to pay.

What Is the Best Document to Submit?

Completed Vita Flex Claim Form - Dependent Care FSA, signed by the care provider and the Vita Flex participant. When signed and dated by the provider and filled out completely, no additional receipt or statement is needed.

Additional Information

Questions regarding your account may be directed to help@vitamail.com or (650) 966-1492.

This brief summary is provided for your convenience.

Additional details may be found at <http://www.vitacompanies.com/pre-tax-resources>.

Please refer to your Summary Plan Description or Plan Detail Document for full Plan details.