

How to Complete the Claim Form

You must complete a claim form in order for your expenses to be considered for reimbursement. You can get the claim form from your Human Resources Department, or download it from our website, www.div125.com. You can either send your claims in by mail to:

6161 Washington Street
Hollywood, Fl. 33023

or you can fax your claims to (954) 983-9695. If you fax your claims, you can use the claim form as your cover sheet.

For each claim that you submit, we need your Employer's name, your name and Social Security Number. If you omit any of that information, your reimbursement will be delayed. Don't forget to attach the receipts!

For Dependent Daycare Claims, we need the name of the dependent(s) who received the daycare, the dates of the daycare, the name, address and tax identification number of the care provider, the dollar amount that you are claiming, and a receipt signed by the provider stating that you incurred the expense. The IRS will not accept a letter from a care provider stating that a child has signed up for an entire year. The receipt must show the actual dates that the child received the daycare – after the daycare has occurred. Canceled checks and credit card slips cannot be accepted. Transportation fees, snack fees and supply fees cannot be reimbursed.

For Medical Expense Claims, please write on the claim form the date of service, the name of the service provider, a complete description of the expense (i.e., "surgery" or "visit" alone does not give us enough information to determine if the expense that you incurred meets IRS parameters), and the name of the patient. We must also have a statement from the provider of the service which shows the date of service (not the date of payment), the exact service performed (i.e., "crown", and not "dental service"), the patient's name and the amount of expense that you incurred. A canceled check, cash register receipt or charge card slip cannot be accepted.

For Private Individual Health Insurance Premium reimbursements, please remit a copy of the premium notice and a copy of the payment that you made to the insurance company.

Then sign and date the claim form at the bottom and submit for reimbursement.