Smart-Choice Accounts



Dependent Care Claim Form

IRS rules require Alight Smart-Choice Accounts to validate your eligible expenses before you're reimbursed.

Visit your benefits website for a complete list of eligible expenses and documentation requirements.

Getting Reimbursed

Once you've sent your required items, Smart-Choice Accounts will process your claim within five business days. If we have your email address, we'll notify you when your items have been received. You can review your claims status on your benefits website or the mobile app.

Documentation You'll Need to Provide

You must provide proper supporting documentation so your claim can be approved. This includes a signed and dated copy of this claim form and copies of receipts or other documentation.

If you use a care provider or day care service, your itemized receipt must include:

- · Dates of service
- Name of service provider
- Name of dependent receiving services
- · Amount paid
- Service provider's tax ID

This information can be provided from a generic receipt booklet or on a day care letterhead. If you've lost a receipt, contact your provider to request a copy. If you don't provide the necessary information, the processing of your claim may be delayed.

Submitting Claims and Receipts



Online

- Your Benefits Website
- Smart-Choice Mobile App (available in app stores at no cost, if your employer offers this feature)



Fax

1.855.673.6719

If faxing, do not include a cover letter and please place your claim form in front of any itemized receipts.



Mail

Alight Smart-Choice Accounts P.O. Box 64009

The Woodlands, TX 77387-4009

Smart-Choice Accounts



Dependent Care Claim Form

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More than three expenses? Print another form (forms can't be reused).

EMPLOYEE CERTIFICATION

By signing below, I certify that the information I'm providing is correct, and that the expenses for which I'm requesting reimbursement (or am validating) were for services or supplies that (1) I (or my eligible dependents) received under the plan, (2) were furnished on or after the date my spending account took effect, (3) haven't been reimbursed through any other source and won't be submitted for future reimbursement, (4) don't include any amounts

that are otherwise payable by plans for which I am (or my dependents are) eligible, (5) are limited to expenses listed as eligible Dependent Care Spending Account expenses on the Smart-Choice Accounts website, (6) were provided to my tax-eligible dependent child under age 13 or to my qualified, disabled adult tax-dependent, and (7) were incurred while I (and my spouse, if married) worked* or looked for work. For prescription expenses, I am submitting a valid prescription and itemized receipt. Claim decisions will be made in accordance with the provisions of the plan.

Employee Signature Dat



