

# **FLEXIBLE SPENDING ACCOUNT FSA 125 QUICK REFERENCE BOOKLET**

- **Instruction for the Fitzharris Web Site- where you may review your claim status, year to date contributions and balances remaining on your Flexible Spending Account.**
- **IRS (Over the Counter drugs and medicines)**
- **Guidelines for submission of claims**
- **Listing of eligible and non eligible expenses (IRS 125)**
- **Health Care Spending Account claim form for reimbursement**
- **Dependent Care Spending Account claim form for reimbursement**

**If you have questions on the enclosed material, please contact:**

**BROWN & BROWN of NEW YORK, INC  
DBA FITZHARRIS & COMPANY  
333 EARLE OVINGTON BLVD STE 215  
UNIONDALE, NY 11553-3624  
(516) 944-2823 Fax (516) 944-2953**



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## BRENTWOOD UFSD/FSA

ONLINE FSA ACCESS: 24/7/365 Access & Management

Websites: [www.fitzharrisinsurance.com](http://www.fitzharrisinsurance.com) or [www.mywealthcareonline.com/bbflexonline/](http://www.mywealthcareonline.com/bbflexonline/)

This will allow you access to your current claims paid and account balances on our system for Flexible Spending (Section 125 Plan) for the 2016 Flexible Spending Plan Year.

### Register for the 2016 Flexible Spending Plan: Registration ID BRO7522

**Important:** To register with this site, you must use your Social Security Number as your Employer Id number and a Registration ID or your Benefit Debit Card Number.

**Instructions – If you CLICK on Register in the upper right hand corner, you can view these instructions below.**

1. Please enter your desired User Name
2. Enter a password, which meets the criteria listed below. Please do not use your name within your password.
3. Enter your First Name and Last Name as they were provided to your employer at enrollment.
4. Provide an Email Address.
5. Employer Id Field-Enter your Social Security Number.
6. For Registration ID, select the ID type you wish to use and then enter your Employer's Registration ID or your Benefit Debit Card Number.
7. Check the Accept the Terms of Service check box.
8. Click Register

#### Password Requirements:

A valid password must contain between 8 and 16 characters.

In addition, a password must include 3 of the following 4 types of characters:

- An Upper Case Letter
- Lower Case Letter
- A Special Character (such as %, !, @, etc.)
- A Number

In addition, a password **CANNOT**:

- Contain the same character repeating 3 or more times, for example, 'AAA' is invalid
- Contain the word 'password'
- Contain the username
- Contain spaces

All fields marked with a red arrow are required. - (Note: - Registration may take several seconds. Once you click the Register button please wait until the system responds.) Indicates required fields

User Name:	
Confirm Password:	
First Name:	
Last Name:	
E-mail Address:	
Employee ID: (Social Security number. 1 time entry only) this is a https: secure/protected site (Do not write down)	
Registration ID: BRO7522 or Benefit Card Number)	
Accept Terms of Use	View Terms of Use
Register or Cancel	

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Effective January 1, 2011 the list of items that will require a prescription include are not limited to acne medicine, eye drops, indigestion medicine, laxative, nasal sprays/drops, ointments for cuts/burns/rashes, and pain relievers.

**Over-the- Counter Expenses Requiring a Prescription**

Acne Medicine	Eye drops
Allergy & Sinus Medications	First aid cream
Antacids	Hemorrhoidal cream
Antibiotic products	Lactose intolerance medicine
Anti-diarrhea	Laxatives
Asthma medications	Motion sickness pills
Bactine	Nasal sinus sprays
Ben Gay or products for muscle Or Joint Pain	Nicotine gum or patches
Bug bite medication	Pain relievers
Calamine lotion	Sinus Medications
Cold sore relief	Sleep aid & sedatives
Cough & cold Medicines	Spermicidal foams/gel
Diaper rash ointments	Sun block & Sun screen
Digestive/Stomach medications	Throat lozenges
Ear drops	Wart remover treatment
	Yeast infection treatments

Effective January 1, 2011, the list of items that remain eligible **without** a prescription include, but are not limited to band aids, braces & supports, contact lens solution, elastic bandages & wraps, first aid supplies and reading glasses.

**Allowable Over-the-Counter Expenses**

Bandages	Ear Plugs
Band-aids	First aid kits
Blood pressure monitors and kits	Gauze pads
Braces and supports	Heating Pads
Carpal tunnel wrist supports	Hot water bottles
Catheters	Incontinence supplies
Cold/hot packs for injuries	Insulin
Condoms	Liquid adhesive for small cuts
Contact lens solution	Medicine dropper/spoon
Crutches	Ostomy products
Denture adhesives	Reading glasses
Diabetic supplies	Sitz bath
Diagnostic test & monitors	Thermometers
Elastic bandages & wraps	Wheelchairs, walkers, canes

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**GUIDELINES FOR SUBMISSION OF SECTION 125 CLAIMS**

These guidelines are intended to aid you in filing claims through Section 125 Plan for reimbursement. They will assist you in receiving a quick reimbursement and avoiding an unnecessary return or requests. They are as follows:

Necessary items to include in your packet of Section 125:

1. Fully completed claim form (health or dependent care reimbursement form).  
These can be obtained through your department of human resources or by calling our office at (516) 944-2823.
2. Explanation of benefits from either your medical or dental insurance. This is the paper that is attached to your insurance payment. This can also be obtained from your individual medical or dental care giver. Most medical and dental insurance will send you and your primary care provider a copy of the benefits. The E.O.B. contains all the information needed to process your out of pocket expenses (i.e.: name of patient, date of service, name of doctor). If your insurance does not cover a particular procedure or the fee has been applied to your deductible, we must have the denial or the statement stating such facts (an itemized bill stating these facts is NOT ACCEPTABLE). If you do not have or cannot obtain an E.O.B. for co payments reimbursement, then you must submit the following:
  - A. An itemized bill from the primary care provider giving details of all services that were rendered to total the amount being submitted in for reimbursement. This bill must list the dates of services, the procedures performed, names of patient, name of doctor AND any insurance payments that were made on the account. Without this information, an itemized bill is NOT ACCEPTABLE. "Balance Forward" and "Previous Balance" statements are NOT ACCEPTABLE. If you DO NOT have insurance, this also must be stated on the itemized bill.
  - B. Written receipts from a doctor's office are acceptable as long as the actual date of service (not the date you paid), the name of the patient and the name of the doctor is clearly printed on the receipt. These receipts can only be the usual co payment amount that you would normally pay for your visit (i.e.: \$10, \$15, or \$20). If it is an out of the norm amount, then either an itemized bill or an E.O.B. is necessary to ensure reimbursement.

Cancelled checks are also NOT ACCEPTABLE; they do not specify the Information needed to properly process your claim.

Predeterminations of Benefits are NOT ACCEPTABLE for reimbursement under the Flexible spending account program. A predetermination of benefits is an estimate of payment prior to services being performed. Reimbursement can only be given for date of services that were actually performed.

- C. Prescription: If you are submitting receipts for pharmacy co-pays, please send in the pharmacy receipts that you receive attached to the prescription. These receipts detail the name of patient, date when the prescription was filled; co-payment amount and prescription number that we need to process the claim. Register receipts are only acceptable for the purchase of over the counter drugs. **The cash register receipt must have the name of the OTC drug and the date of service along with the physician prescription.** If you cannot collect all these receipts or you may not have saved them, your pharmacist can print out a list of your entire family's history of prescriptions for that particular year. Privacy may be a concern; therefore, you may block out any names for medication to ensure your privacy.

Sending in a complete and clearly legible claim to our office will ensure a quick reimbursement. As always, we are happy to assist you in any matters or concerns that you may have. Please contact us at 516 944-2823.



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**Eligible Health Care Expenses- See IRS Publication 502}**

Eligible medical care expenses include amounts paid for the diagnosis, cure, mitigation, treatment or prevention of disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate or prevent a physical or mental defect or illness. Expenses for solely cosmetic reasons generally are not expenses for medical care and may not be eligible. Expenses that are merely beneficial to one's general health are not expenses for medical care. In some cases, you may be asked to provide a letter of medical necessity from your attending physician to substantiate your claim.

This list has been compiled for the convenience of our clients and participants and is designed to provide a general overview. Readers are cautioned to review their own employer-sponsored benefit plan descriptions and enrollment material for specific information or to consult with their employer or personal tax advisor as necessary. This information is subject to change at any time and without notice.

Acupuncture  
Alcoholism treatment  
Allergy treatments - prescription medications and allergy shots  
Alternative healers, professional fees of  
Ambulance service  
Artificial insemination  
Artificial limb/teeth  
Autoette (wheelchair)  
Automobile modifications (if medically necessary)  
Battery-powered toothbrush (if medically necessary and prescribed by physician)  
Birth control pills (Norplant, ovulation)  
Blood pressure monitoring devices  
Body scans for diagnostic purposes  
Bone density testing  
Braille books and magazines  
Capital expenditures- **See IRS Publication 502** - Capital Expenses [Only a qualified financial or tax consultant can make an absolute determination with regard to the qualification of capital expenditures])  
Childbirth expenses (physician, midwife)  
Chiropractor professional fees  
Cholesterol testing  
Christian Science Practitioner fees  
Co-insurance, co-pay amounts and deductibles  
Contact lenses and cleaning solutions  
Contraceptives (birth control pills, condoms, spermicides)  
Cosmetic surgery and procedures to correct congenital abnormality or treat injury resulting from accident  
Counseling (for treatment of specific medical condition)  
Crutches  
Deductibles  
Dental treatment (includes exams, x-rays, fillings, root canals, gum disease treatment, crowns, bridges, dentures, implants, orthodontia; does not include cosmetic treatments such as teeth whitening, dental veneers, bonding, etc.)  
Diabetic supplies (insulin, syringes, testing strips, glucometers)  
Diagnostic services and tests  
Diapers (if required due to medical condition)  
Doula services- If the doula is a licensed health care professional who renders medical care, his or her fees can be reimbursed  
Drug dependency treatments  
Drugs (prescription drugs, insulin; does not include cosmetic drugs (e.g., Retin-A, over-the-counter acne products, etc. **unless**, you have a prescription for that item written by your physician).  
Dyslexia treatment  
Eye surgery (cataract, LASIK, corneal rings, etc.)  
Eyeglasses, prescription (includes prescription sunglasses; also includes over-the-counter reading glasses)

Eye examinations  
Fertility treatments (in vitro fertilization, surgery or operations to reverse a prior surgery that prevents you from having children)  
Flu shots  
Fluoridation device (if medically necessary & prescribed by physician)  
Genetic testing  
Guide dog or other animal used to assist persons with physical disabilities  
Health institute  
Health screening (cholesterol checks, bone density testing, blood pressure testing, hearing exams)  
Hearing aids and batteries  
Home health care  
Hospital services  
Immunizations  
Inclinators  
Infertility treatments  
Insulin and syringes  
Laboratory fees  
Lactation Consultants  
Language training for child with dyslexia or disabled child  
Laser eye surgery (cataract, LASIK, corneal rings, etc.)  
Lead-based paint removal  
Learning disability caused by mental or physical impairment, or nervous system disorders (treatment must be recommended by physician – **See IRS Publication 502**) - Learning Disability)  
Legal fees (fees you pay that are necessary to authorize treatment for mental illness)  
Lodging- **See IRS Publication 502**) - Lodging  
Long-term care services  
Massage Therapy medically necessary to treat a specific injury or illness  
Mastectomy-related special bras (the cost over & above the cost of a normal bra)  
Meals (only as part of inpatient hospital care)  
Medic-alert bracelet  
Medical conference admission and transportation to/from (if concerns chronic medical condition of you, spouse or child)  
Medical equipment (crutches, wheelchairs, walkers)  
Medical information plan  
Medical monitoring and testing devices  
Medical records charges  
Medical services provided by physicians, surgeons, specialists or other medical practitioners  
Medical Supplies (bandages, band-aids, gauze pads, thermometers, hot/cold packs, heating pads, nasal (breathe-right) strips, etc.)  
Medicines/Drugs (prescription drugs, or insulin; does not include cosmetic drugs)  
Mentally handicapped, special home for person adjusting from life in mental institution to community living  
Norplant insertion and removal  
Nursing home (if necessary for medical care and only the portion for medical services)  
Nursing services  
Nutritionist's professional expenses (if treating a specific medical condition; not for weight loss for general health)  
Obstetrical expenses  
Occlusal guards to prevent teeth grinding  
Operations (legal operations that are not cosmetic in nature)  
Optometrist fees  
Oral surgery  
Orthodontia  
Orthopedic devices  
Orthopedic shoes (to the extent the cost exceeds that of normal shoes)  
Osteopath fees  
Ovulation monitor  
Oxygen  
Patterning exercises  
Physical exams, routine physicals  
Physical therapy  
Physician's fees  
Pregnancy test, over-the-counter  
Prescription drugs (does not include cosmetic drugs)  
Prescription eyeglasses or prescription sunglasses

Prosthesis  
Psychiatric care  
Psychoanalysis  
Psychologist fees  
Radial keratotomy (corrective eye surgery)  
Reading glasses (prescription glasses or over-the-counter glasses)  
Reconstructive surgery following mastectomy  
Schools and education, special (for mentally impaired or physically disabled person – **See IRS Publication 502**)  
Sick-child care facility (for medical care only)  
Sleep disorder and treatment  
Speech therapy  
Sterilization procedures (vasectomy or tubal ligation)  
Stop-smoking programs (including hypnosis)  
Storage fees for embryo or sperm (fees for temporary storage of eggs or sperm only to extent used for immediate conception in current plan year)  
Storage fees for umbilical cord blood (fees for temporary storage only to extent used for medical condition in current plan year)  
Sunscreens with SPF 15 or higher  
Sunglasses (only if medically required due to specific medical condition & obtained at direction of physician)  
Surgical fees (for legal operations not cosmetic in nature)  
Taxes charged for medical services and products  
Telephone consultations with a health care provider  
Telephone or Television for hearing-impaired persons, special equipment for  
Therapy, physical or speech  
Transplants (donor expenses, if you pay those expenses)  
Transportation and related travel expenses for person seeking treatment- **See IRS Publication 502**)  
Transportation and Trips)  
Usual and customary, charges in excess of  
Vaccines, vaccinations  
Vasectomy  
Vitamins (only by prescription and only if necessary to treat a specific medical condition)  
Weight-loss program (only if medically necessary to treat existing disease (such as heart disease) and undertaken under physician's direction)  
Wheelchair  
Wigs (if purchased upon advice of physician for mental health of patient)  
X-ray fees

### **Ineligible Health Care Expenses (See IRS Publication 502)**

Adoption fees  
Baby-sitting, childcare or nursing services for a healthy baby  
Breast pump  
Chairs, recliner  
Childbirth expenses (Lamaze or childbirth classes, doula services)  
Cold Medicine (over-the-counter drugs including sore throat sprays, lozenges, nasal sprays, cough syrups, cough drops and vapor rubs.) **unless**, you have a prescription for that item written by your physician.  
Concierge Fees, A/K/A Boutique, Practice, VIP or Retention Fees are not considered an eligible expense since the fee is paid regardless if medical care is needed.  
Completing claim forms  
Controlled substances (marijuana, laetrile, etc.)  
Cord blood storage for future use  
Cosmetic surgery or procedures; cosmetic prescription drugs such as Renove, Propecia, etc and over-the-counter cosmetic drugs/medicines.  
Counseling (marriage, family counseling)  
Dancing lessons  
Dental veneers or bonding, or teeth whitening for cosmetic reasons  
Diaper service  
Divorce expenses  
Domestic help  
Doula services  
Ear piercing



Electrolysis or hair removal  
 Exercise equipment for general health  
 Exercise/Fitness programs for general health  
 Expenses that have been reimbursed elsewhere, or that may be reimbursable under any other source  
 Expenses not incurred during your period of coverage  
 Facelifts or other similar cosmetic treatments (dermabrasion, chemical peels, etc.)  
 Funeral expenses  
 Hair transplant  
 Health club membership dues  
 Herbal supplements (dietary and nutritional supplements, vitamins, natural medicines, etc.)  
 Household help  
 Illegal operations and treatments  
 Insurance premiums  
 Laetrile  
 Lamaze/Childbirth classes  
 Lifetime care fees  
 Liposuction or other similar cosmetic treatments  
 Marriage, family counseling  
 Marijuana  
 Maternity clothes  
 Mattress  
 Meals while traveling to obtain medical care  
 Medical newsletters  
 Medical savings account  
 Over-the-counter Drugs/Medicines (allergy medicines, antacids, anti-diarrhea, anti-fungal ointments and creams, antiseptic ointments and creams, cold medicines including sore throat sprays, lozenges, nasal sprays, cough syrups, cough drops, vapor rubs, eye drops, first-aid and antibiotic creams and ointments, gas relief medicines, hemorrhoid ointments and creams, laxatives, lice treatments, motion-sickness pills, pain relievers including arthritis pain, head/back pain and menstrual pain, sleep aids, stop smoking gums/patches, yeast infection products; includes cosmetic items, vitamins, herbal and dietary supplements or items for general good health) **unless**, you have a prescription for that item written by your physician.  
 "No Show" doctor or dentist visits, charges for  
 Nursing services for health baby  
 Nutritional supplements (vitamins, herbal and dietary supplements, natural medicines, etc.)  
 Pain Relievers (for arthritis pain, head/back pain, menstrual pain, muscle or joint pain, e.g., aspirin, ibuprofen; includes vitamins or herbal supplements) **unless**, you have a prescription for that item written by your physician.  
 Paternity testing  
 Personal use items (items ordinarily used for personal, living or family purposes)  
 Prepayment for services not yet provided  
 Prescription drug discount programs  
 Recliner chair  
 Safety glasses  
 Stop-smoking (gums and patches) **unless**, you have a prescription for that item written by your physician.  
 Storage fees for embryo, sperm or umbilical cord blood, long term  
 Student health fees  
 Sunglasses, clip on  
 Surrogate expenses  
 Swimming lessons  
 Tanning salons and equipment  
 Tattoo removal  
 Teeth bleaching/whitening for cosmetic purposes  
 Tax Equity and Fiscal Responsibility Act (TEFRA)  
 Vacuum cleaner for allergies  
 Varicose veins, treatment of  
 Vision service agreements or lens replacement insurance  
 Warranties/service contracts  
 Weight loss programs for general health or appearance; diet foods for weight loss

### **Eligible Dependent Care Expenses (See IRS Publication 503)**

To be eligible for favorable tax treatment, childcare expenses must be "employment related expenses," as defined under IRC Sec. 21(b)(2), related to expenses for household and dependent care services that are necessary in order for the taxpayer to be gainfully employed. In a married couple house hold, both spouses must be gainfully employed and working during the hours of the dependent daycare services is provided. A child is eligible for daycare services up to the age 13.

Before and after school or extended day programs (supervised activities after the regular school program)  
Au pair expenses for dependent care (does not include travel expenses)  
Babysitter inside or outside household-(you must include the providers SSN or TIN with your claim)  
Custodial childcare or eldercare expenses for qualifying individual  
Day camps, if primary reason for being there is the care and well-being of the child and is custodial in nature and not educational (Both parents must be working during the hours the child/children are attending camp)  
Daycare centers  
FICA and FUTA taxes of daycare provider  
Household employee whose services include care of a qualifying person  
Looking for work-expenses incurred to enable employee to look for work  
Nanny expenses  
Preschool/Nursery school for pre-kindergarten  
Sick-child care center to extent the care is not for medical services  
Work-related day care expenses - must allow you to work or look for work. You must be gainfully employed (earning income). This does not include volunteer work that is unpaid or for nominal pay

### **Ineligible Dependent Care Expenses (See IRS Publication 503)**

Educational/tuition expenses - kindergarten, first grade and above  
Expenses paid to child of participant  
Field trip expenses  
Food, clothing, education or entertainment expenses  
Household services (chauffeur, bartender, gardener)  
Incidental expenses (diaper, activities, etc. charges)  
Overnight camp (not even the portion attributed to the daytime cost)  
Payments for care where you are not the custodial parent (in divorce situations)  
Payments for care while you are off work because you are on a leave of absence  
Payments for care while you are off work because you are on maternity or other medical leave  
Payments for care while you are off work because you are on vacation  
Payments for care while you are off work due to illness  
Payment for services not yet provided (advance payments)  
Registration fees/reservation fees/holding fees  
Transportation expenses

# HEALTH CARE SPENDING ACCOUNT

## Claim for Reimbursement

NAME OF EMPLOYER		
EMPLOYEE NAME	SOCIAL SECURITY NUMBER	
EMPLOYEE ADDRESS	STREET	CITY
STATE	ZIP	PHONE NO:

### HEALTH CARE EXPENSES

PATIENT NAME	DATES OF SERVICE		PROVIDER OF SERVICE	(A) TOTAL CHARGE	(B) AMOUNT PAID BY OTHER SOURCES	(A-B) AMOUNT TO BE REIMBURSED
	FROM	TO				
TOTALS						

**Carry Forward Grace Period-** I understand that all claims for expenses incurred from 01/01/2016-12/31/2016 must be postmarked no later than 03/31/2017, or my claim will be denied for late filing. I understand that I have 90 days after March 15, 2017 to submit for reimbursement of eligible expenses incurred during the grace period 1/1/17 – 3/15/17; claims must be postmarked no later than 06/15/2017, or my claim will be denied for late filing.

If the grace period applies to your plan, please indicate the fund year the attached expenses should be applied to:

2016 \_\_\_\_\_

2017 \_\_\_\_\_

### **CERTIFICATION**

I certify that the expenses for which I am requesting reimbursement meet all of the conditions listed below:

- They were incurred for services or supplies received by me or my eligible dependents under the plan.
- They were for services or supplies furnished while I was a participant in the Plan.
- I have not been reimbursed for these expenses, and they are not reimbursable from any other health plan.

I understand that reimbursement of these expenses can be requested and made only after I have collected all benefit payments available from all plans under which my eligible dependents and I are covered. I further certify that I have not deducted nor will deduct on my individual income tax return any of the expenses reimbursed through my Health Care Spending Account. I understand that reimbursement will be made in accordance with the provisions of the plan which I participate. I accept responsibility for the proper treatment of benefits paid under this plan with respect to eligibility, income tax reporting, and liability.

EMPLOYEE SIGNATURE	DATE
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### **COMPLETION OF CLAIM FORM**

- Complete all information on the claim form for each amount claimed for reimbursement.
- Make sure the claim does not include items for more than **one plan year**.
- You **must** sign and date claim form.
- A copy of a bill or other written statement from the provider of service is acceptable only when **NO other insurance is applicable**.
- Cancelled Checks are **NOT** acceptable.
- If insurance is applicable, a statement from **ALL MEDICAL/DENTAL INSURANCE CARRIERS SHOWING DEDUCTIBLE, PAYMENTS AND COPAYMENTS IS REQUIRED.**

**MAIL COMPLETED FORM TO: BROWN & BROWN of NEW YORK, INC**

**DBA FITZHARRIS & COMPANY**

**333 Earle Ovington Blvd Suite #215**

**Uniondale, NY 11553-3624**

**(516) 944-2823, Fax (516) 944-2953**

**DEPENDENT CARE SPENDING ACCOUNT  
CLAIM FOR REIMBURSEMENT**

Name of Employer \_\_\_\_\_

Employee Name \_\_\_\_\_ Social Security \_\_\_\_\_

Employee Address \_\_\_\_\_

Street

City

State

Zip

Dependent Name

Date of Birth

Relationship to Employee

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please complete the information below and attach corresponding bills or receipts with dates of service for each listed provider.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Tax I.D. or \_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_

Tax I.D. or \_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

If dependent care was provided in your home, complete the following:

Household Services Relating To The Care Of A Qualifying Individual (s) \$ \_\_\_\_\_

FICA And FUTA Taxes on Wages Paid To A Housekeeper \$ \_\_\_\_\_

Room And Board Expenses Incurred Outside The Home For A Housekeeper \$ \_\_\_\_\_

Transportation Expenses of A Housekeeper \$ \_\_\_\_\_

Other (please list) \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

If your eligible expenses were incurred outside of your home, complete the following:

Services Related To The Care Of Qualified Individual(s)  
And Incurred in A Day Care Provider's Home/Day Care Center \$ \_\_\_\_\_

TOTAL DEPENDENT CARE REIMBURSEMENT REQUESTED: \$ \_\_\_\_\_

**CERTIFICATION**

I certify that I and/or my eligible dependents have incurred the expenses for which reimbursement is claimed from the Flexible Spending Account. I further declare that I have not and will not deduct these expenses on my Individual Income Tax Returns. I certify that the above eligible expenses have been (or will be) paid for the care of a qualified individual(s).

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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