

TAXSAVER PLAN

"Your Satisfaction Is Our Success"

Determination of Dependent Status Age Thirteen or Over

Please complete this form and submit with your first claim of each plan year for the purposes of determining eligibility of Dependent Care Expenses for individuals age thirteen or over requiring custodial care due to a mental or physical condition preventing self-care. This form will be recorded for the entirety of the current plan year and must be renewed each plan year.

Participant Name: _____

Participant SSN: _____

Company Name: _____

Dependent Name: _____

Dependent Age: _____

Dependent Diagnosis: _____

I certify that the information contained herein is true and accurate to the best of my knowledge. I certify that the Dependent Care Expenses claimed are primarily for the purposes of custodial care and are not primarily medical or educational in nature.

I understand that since these Dependent Care Expenses are reimbursed through my spending account that they may not be claimed on any federal income tax deduction or credit at year end. I further certify that I will not submit these expenses for payment by a third party.

Date **Participant Signature**

For claims submission, please include a signed and completed claim form, which can be found on our website at www.taxesaverplan.com, along with itemized receipts that substantiate the dates of care, amounts paid for the care and the name of the provider, or you may have the provider sign the Dependent Day Care Reimbursement portion of the claim form certifying that the services have been rendered.

Please submit forms and claims to: **TaxSaver Plan**
 P.O. Box 609002
 Dallas, TX 75360
 214-528-8122 FAX
 claims@taxsaverplan.com