

www.FloresHR.com

Claim Filing Options:

For Fast Processing, claims should be submitted via the portal or FloresHR mobile app.

- **File your claim online:** Log in to your account at <http://accounts.floreshr.com> to submit your claim electronically.
- **Email your claim form:** Send your itemized receipts and completed claim form to myclaims@floreshr.com.
- **File your claim via fax or mail:** Claim details may be added to a completed claim form and faxed or mailed with documentation. **Fax:** 321-445-9621 , **Mail:** FloresHR PO Box 1028 Allen Park, MI 48101

Instructions to fill out this form:

- Complete ALL participant information. Please provide your employer name without abbreviation.
- Use your documentation to complete each section of the form, including the following items:
 - **Provider Name**
 - **Provider Tax ID or SSN**
 - **Service Date(s)**
 - **Dependent Name, Date of Birth, and Relationship to Participant**
 - **Type of Service**
 - **Amount Paid**
 - **Provider Signature is not required, but can replace need for other proof of service**

Tips For Claim Submission

- Dependent care expenses cannot be paid to anyone who is your child or stepchild under the age of 19 and claimed as a dependent on your tax returns unless they are otherwise qualified.
- A dependent is defined as someone who spends at least 8 hours a day in your home and is one of the following:
 - **A tax dependent child, under the age of 13, for whom you have custody more than half of the year.**
 - **A dependent that is physically or mentally incapable of self care regardless of age.**
- Only submit claims for eligible expenses. Extended overnight camps, kindergarten or higher-grade tuition, non work-related day care or long-term care services are not eligible expenses. The only expenses considered eligible are those that are incurred while you or your spouse are working, looking for work, or attending school full time.

Tips For Documentation

- Ensure that the documentation is legible.
- Canceled or copies of checks and credit card receipts are not acceptable for submission.
- If multiple pieces of documentation are attached, please circle the dollar amount that is being claimed on each piece of documentation.
- The use of a highlighter will cause highlighted areas to become illegible. Please do not use highlighter on your documentation.

Tips For Reimbursement

- Reimbursements can be sent directly to your preferred bank account by enrolling in Direct Deposit. You may add your direct deposit information on the participant website, <https://accounts.floreshr.com>.
- Reimbursements are sent via check through standard mail to the home address on file with FloresHR unless you are enrolled in Direct Deposit.
- For fastest processing, please upload your request to our participant portal, <https://accounts.floreshr.com>.
- Once your request is processed and approved, reimbursement will be issued within 1-2 business days.
- You will be notified via email of the status of your claim if we have a valid email address on file. To update your email address, please log in to your account at <https://accounts.floreshr.com>.
- Send only photocopies of your claim form and documentation—keep the originals for your records if submitting via postal mail.

Want faster reimbursement? Skip the form!

Submit your claims using the FloresHR Mobile app or at <https://accounts.floreshr.com>.



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File Online: For fastest service, log in to your account at <https://accounts.floreshr.com> to file your claim electronically and upload your documentation.

File via fax or mail: Claim forms may also be filed either via fax or US Mail and sent to the following locations: Fax: 321-445-9621 , Mail: FloresHR PO Box 1028 Allen Park, MI 48101

Claim processing time: Online Claims will be processed instantly and eligible reimbursements distributed the same or following business day. Mailed and Faxed Claims will be processed within 2 business days after receipt of the form. You may check the status of your claim by logging in to your account at <https://accounts.floreshr.com>.

PARTICIPANT:

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Last Name

First Name

Employee ID*

Participant Home Zip Code

Employer Name

Employee ID (EID) is the unique number assigned to you by your employer. This may be your Social Security Number, a Payroll ID, or other unique employer designated identifier.

SERVICE START DATE (MMDDYY) <table border="1" style="width: 100%; height: 20px;"></table>	Dependent Name and DoB: _____ Relationship to Account Holder: <input type="checkbox"/> Spouse <input type="checkbox"/> Qualifying Child <input type="checkbox"/> Qualifying Relative <input type="checkbox"/> Other: _____	Type of Service: <input type="checkbox"/> Child Care <input type="checkbox"/> Preschool <input type="checkbox"/> Before/After School <input type="checkbox"/> Senior Care <input type="checkbox"/> Au pair <input type="checkbox"/> Summer Day Camp
SERVICE END DATE (MMDDYY) <table border="1" style="width: 100%; height: 20px;"></table>		
PROVIDERS TAX ID or SSN (required*) <table border="1" style="width: 100%; height: 20px;"></table>		OUT-OF-POCKET COST \$ <table border="1" style="width: 100%; height: 20px;"></table>
PROVIDER NAME _____		

Signature of Provider:
(Replaces the need for other proof of service.)

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PROVIDER NAME _____		

Signature of Provider:
(Replaces the need for other proof of service.)

More expenses? Please complete another form.	CLAIM FORM TOTAL: \$ <table border="1" style="width: 100%; height: 20px;"></table>
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CERTIFICATION AND AUTHORIZATION: I understand that dependent care expenses reimbursed under this plan can not be claimed as a deduction on my personal income tax return. I acknowledge that neither the group nor Flores & Associates, LLC (1) is independently verifying that the dependent care providers I select comply with state and local laws applicable to them, (2) has any responsibility for or obligations relating to the dependent care services rendered by any dependent care provider or any of its employees or representatives and (3) is making any commitment or guarantee that any money which is deducted from my pay (salary) is to be excluded from my gross income for federal, state or local income tax purposes.

I also understand that it is my obligation to determine whether the amount deducted from my pay is to be excluded from my gross income and to notify the group if I have reason to believe any such payment is not to be excluded. I agree to hold the group and Flores & Associates, LLC harmless from any and all liability and costs which either or both may incur as a result of, or in connection with, the provisions of dependent care service to me or on my behalf by any dependent care provider.

By submitting this form, I certify that I (and my spouse, if applicable) were either working, looking for work, or attending school full-time during the time these dependent care expenses were incurred.