Flexible Benefits

Dependent Care Reimbursement Claim Form

Instructions for Online Claim Filing

- Claims may be filed online at www.mgmflex.com. Log into your account and enter your claim information under the "File Claims" section.

Instructions for Manual Claim Filing

- Please print or type all information for manual claims request.
- Your Assigned Employee Number can be found on your participant website at www.mgmflex.com.
- Attach copies of receipts, including date of service, dependent's name, provider information and amount of reimbursement request. ***Do not submit original copies of receipts; they will not be returned.***
- Fax claims to (800) 973-3702.

Employee Information

Employer Name			Date
Last Name	First Name	MI	SSN *Or* Assigned Employee Number
☐ **Change of Address**	Mailing Address	City / State / Zip	
Email Address ((*Please print clearly - You will receive important emails regarding claims and payments on your Flexible Plan Accounts*)			Contact Phone Number

I certify that my dependent has received the services described on the service date indicated and that the expenses are valid dependent care expenses. I further understand that funds will not be reimbursed to me in advance, and cannot exceed the amount of funds available in my flex account at the time of my request. Funds that cannot be paid to me will be received as they become available in my account. I may be requested to provide additional explanation for the requested reimbursements, and it is my responsibility to maintain copies of all documentation for my records. I fully understand that I am responsible for the accuracy of all information relating to the claim provided.

Signature of Participant _____ Date Signed _____

Dependent Care Provider Information

Name of Dependent Day Care or Individual Provider	Tax ID Number or Social Security Number

Dependent Care FSA Claim Information

Please keep your original receipts for your records. Attach copies of invoices for day care expenses.

Date Service Incurred	Dependent Name	Date of Birth	Description of Service (e.g., day care facility, day camp, etc.)	Amount Requested
			Total Requested	

MGM Benefits Group
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