

IMPORTANT INFORMATION REGARDING DEPENDENT CARE RECEIPTS / CLAIM SUBMITTAL

When turning in dependent care receipts/invoice, **your dependent care provider** must have the following information on **all** receipts:

Provider's Name

Provider's Address and phone number

Tax Identification or Social Security Number

Date of payment

Amount Paid and Proof of payment

Child's Name

All receipts must be legible and show proof of payment. A maximum benefit of \$5,000 per year per family is allowed. Please have payments separated by calendar year due to the maximum benefit allowed.

Effective January 1, 2014, Dependent Care is eligible if it meets the following criteria:

- Dependent must be under 13 or physically/mentally incapable of caring for himself/herself.
- Is provided by an accredited day care (licensed by the State), which provides services and reports same as taxable income.
- Is not for informal care or friends/relatives watching dependents.
- Is not for school tuition for children in kindergarten or higher.

Toledo Electrical Welfare Fund
Supplemental Fringe Benefit Fund/VEBA
P.O. Box 60408
Rossford, OH 43460
www.electricalfunds.org
419.666.4450 p 419.666.5410 f