

IMPORTANT INFORMATION REGARDING DEPENDENT CARE RECEIPTS / CLAIM SUBMITTAL

When turning in dependent care receipts/invoices, **your provider** must have the following information on **ALL** their receipts:

Provider's Name
Provider's Address and Phone Number
Tax Identification Number
Date of Service
Amount Charged
Amount Paid (proof of payment)
Child's Name
Explanation of Expense

All receipts must be legible. A maximum benefit of \$5,000 per year per family. Due to the maximum benefit allowed per year, do not include a date span to include more than one year. List dates and amounts separately. Example: daily, weekly, monthly, or yearly).

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

- Dependent must be under 13 years of age or physically/mentally incapable of caring for himself/herself.
- Provider is an accredited day care (licensed by the State), which provides services and reports same as taxable income.
- Is not for informal care (example: Friends and/or family members watching children).

Toledo Electrical Welfare Fund
Supplemental Fringe Benefit Fund / VEBA
P.O. Box 60408
Rossford, OH 43460
www.electricalfunds.org veba@electricalfunds.org
419.666.4450 phone 419.666.5410 fax