DAYCARE REIMBURSEMENT REQUEST

Allegiance®
a Cigna Company

To send scanned claims, or for additional forms, go to: www.askallegiance.com

Please print legibly in black or blue ink

EMPLOYER NAME:	TOTAL NUMBER OF PAGES SUBMITTED:
EMPLOYEE NAME:	ATTENTION:
PARTICIPANT ID: (Social Security Number, or, if assigned, Allegiance ID)	COMMENTS:

You may check the status of your claim, within 48 hours, by logging in to your account at **www.allegianceflexadvantage.com.** If you have not received reimbursement within two weeks, please contact an Allegiance representative at **877-424-3570**.

If you would like future payments directly deposited into your bank account, include a voided check with this form or sign up on the Allegiance website.

PLEASE SEE REVERSE FOR INSTRUCTIONS. Use one service line for each different provider. **If these expenses are equivalent each month, you may use our convenient daycare reimbursement contract available on the website.**

SERVICE DATES *(mm/dd/yy)*	FEES	INDIVIDUALS IN CARE	PROVIDER	PROVIDER SIGNATURE *(If bill/receipt not attached)*
_____ to _____	$ _____	_____	Name _____	_____
		_____	Tax ID _____	_____
_____ to _____	$ _____	_____	Name _____	_____
		_____	Tax ID _____	_____
_____ to _____	$ _____	_____	Name _____	_____
		_____	Tax ID _____	_____

If your provider does not sign the claim form, please attach a statement of your account, a bill, or a receipt from your provider.

I certify that the services described on this claim form were necessary for my employment or the employment or education of my spouse. The services were provided for my qualified dependents. I further certify that the dates and fees are true and that I have not sought reimbursement elsewhere for these expenses.

Signature (required): _____ Date: _____

☐ Check here if your address has changed.

***Please inform your employer if your address has changed.*

New address: _____

2014

2806 Garfield, P.O. Box 4346, Missoula, MT 59806-4346
Phone: 877.424.3570 | Fax: 877.424.3539 | www.askallegiance.com

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FILING A CLAIM

- Eligible dependents are:
  - Your children that live with you and are under thirteen (13) years of age; or
  - Your tax dependents incapable of self-care that reside in your home at least eight (8) hours per day.
- A flexible benefits dependent care account is available to you and your spouse if necessary for you both to remain gainfully employed or for you to remain gainfully employed while your spouse maintains full-time student status. A dependent care account is also available to single parents
- The care can be provided through babysitters, live-in care, and/or licensed day care centers

INELIGIBLE EXPENSES ARE:

- Expenses paid for care to your spouse or one of your children under the age of nineteen (19)
- Schooling expenses for the kindergarten level and above
- Overnight camp
- Nursing homes
- Meals or other expenses billed separately
- Transportation from any source other than the provider

You may attach a bill or a receipt from your provider to this claim form or simply have your provider sign the front of this form on the appropriate line(s).

Eligible claims received must total at least $1.00 before a check will be mailed or an electronic deposit initiated by Allegiance.

SAVE TIME!

Direct deposit is a convenient and easy way to receive your flex reimbursement - see www.allegianceflexadvantage.com and sign up today!

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