State of Washington
Dependent Care Assistance Program (DCAP) Recurring Claim Form
Plan Year JANUARY 1, 2019 through DECEMBER 31, 2019

This form streamlines reimbursement of your qualified dependent care expenses. Qualified expenses are described in the *2019 DCAP Enrollment Guide*.

You must keep all receipts and documentation for your dependent care expenses reimbursed through this program. Navia Benefit Solutions may request copies of your documentation at any time to perform audits during the year per Internal Revenue Services (IRS) requirements.

Employee Name: _____

SSN (or Employee ID if higher education): _____

Dependent Name (1):	Date of Birth:
Scheduled Payments: $	Service Start:
Scheduled Payment Interval: ❑ Weekly ❑ Monthly	Service End:

Dependent Name (2):	Date of Birth:
Scheduled Payments: $	Service Start:
Scheduled Payment Interval: ❑ Weekly ❑ Monthly	Service End:

The provider's signature below confirms the above is true and correct.

Provider Name: _____

Tax ID or SSN: _____

Provider Signature: _____Date:_____

IMPORTANT:
- You can only be reimbursed for services already provided (rather than services you expect to receive in the future) up to the dollar amount you have in your DCAP account at the time you request reimbursement. You may only claim eligible expenses for your dependent care provided while you were at work (for example, you cannot claim expenses for child care while you were on vacation).
- You must submit a new form to Navia Benefit Solutions immediately if there is a change in your dependent care provider, frequency of services, and/or rates.
- This form is only effective for the current plan year.
- A new form is required each plan year to reflect the expenses anticipated for the current year.

AUTHORIZATION
I understand that by endorsing a reimbursement check from Navia Benefit Solutions or by accepting a reimbursement deposit into my bank account, I am confirming properly incurred dependent care expenses according to IRS regulations and DCAP plan rules.

Employee Signature: _____Date:_____

Email: claims@naviabenefits.com
Fax: (425) 451-7002 or toll-free (866) 535-9227
Customer Service Line: (425) 452-3500 or (800) 669-3539