



**State of Washington**  
**Dependent Care Assistance Program (DCAP) Recurring Claim Form**  
**Plan Year JANUARY 1, 2018 through DECEMBER 31, 2018**

This form streamlines reimbursement of your qualified dependent care expenses. Qualified expenses are described in the *2018 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: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	Service End:

Dependent Name (2):	Date of Birth:
Scheduled Payments: \$	Service Start:
Scheduled Payment Interval: <input type="checkbox"/> Weekly <input type="checkbox"/> 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:**

- Services must be provided and funds must be in your account before you can be reimbursed.
- You may only claim eligible expenses for your dependent care (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: \_\_\_\_\_