


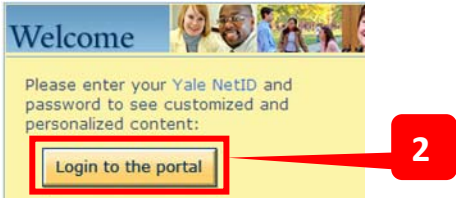

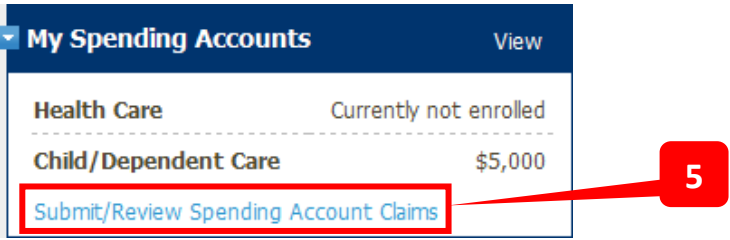

Submit a Claim for Dependent Care Expenses

IMPORTANT

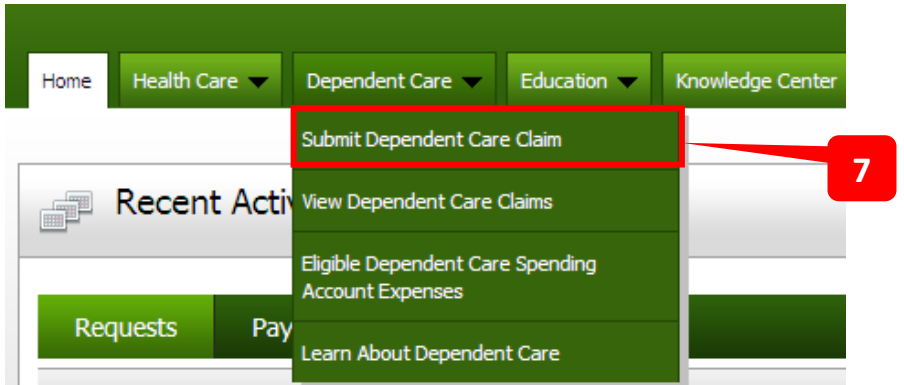
If you have [general questions](#) about Flexible Spending Accounts, please visit the [Flexible Spending Account](#) web page.

1. Open an internet browser and type in the following address to access the portal:
www.yale.edu/portal.
2. Click **Login to the portal**, then log in using your NetID and password.
3. Click **My Benefits** on the upper right side of the screen.
4. In the “My Spending Accounts” box on the left side of the screen, click **Submit/Review Spending Account Claims**.
5. Click on the **Dependent Care** tab at the top of the screen.
6. Click **Submit Dependent Care Claim** in the drop-down menu that appears.
7. Enter the **Dates of Service**, **Service Provider**, and **Dependent name**, and the **Requested Amount** in the boxes provided.
8. Click **Add New Expense** to submit an additional expense for reimbursement.
9. Click **Continue**.
10. Review the claim.
If the information is accurate, click **Continue** and proceed to step 11.
If changes are needed, click **Make Changes**. Once complete, return to step 9.
To discard the Dependent Care claim, click **Cancel**.
11. Click **Submit Claim**.
12. Click **Print**. Please follow the directions on the Fax or Mail Cover Sheet, sign and date the Fax or Mail Cover Sheet and include all required documentation with the Fax or Mail Cover Sheet when you fax or mail your Dependent Care claim.

ILLUSTRATED INSTRUCTIONS BEGIN ON THE NEXT PAGE

<p>1 Open an internet browser and type in the following address to access the portal:</p> <p>www.yale.edu/portal</p>	
<p>2 Click Login to the portal, and log in using your NetID and password.</p>	
<p>3 Click My Benefits on the upper right hand corner of the Portal.</p> <p>4 Faculty will see a different menu pane.</p>	
<p>5 In the "My Spending Accounts" box, click Submit/Review Spending Account Claims.</p>	
<p>6 Click the Dependent Care tab.</p>	

7 Click **Submit Dependent Care Claim**.



8 Enter the **Dates of Service, Service Provider, and Dependent** name, and the **Requested Amount** in the boxes provided.


9 Click **Add New Expense** to submit an additional expense for reimbursement.

10 Click **Continue**.

Enter Expenses

You can enter up to 8 expenses. Choose **Add New Expense** if you have more expenses to enter.

A screenshot of the 'Enter Expenses' form. The form is titled 'Expense 1'. It has four input fields: 'Dates of Service' (with a calendar icon), 'Service Provider', 'Dependent', and 'Requested Amount' (with a dollar sign). A red box highlights these four fields, with a red callout box containing the number '8'. Below the form, there is a 'Total Requested Amount' field showing '\$0.00', with a red callout box containing the number '9'. At the bottom, there are two buttons: 'Add New Expense' (with a plus icon) and 'Continue' (with a green background), with a red callout box containing the number '10' pointing to the 'Continue' button. A 'Cancel' button is also present.

<p>11 Review the claim.</p> <p>If the information is accurate, click Continue and proceed to step 12.</p> <p>If changes are needed, click Make Changes. Once complete, return to step 10.</p> <p>To discard the Dependent Care claim, click Cancel.</p>	<h2 style="color: green;">Submit Dependent Care Claim</h2> <div style="text-align: right; border: 1px solid red; border-radius: 50%; padding: 2px; color: white; font-weight: bold; font-size: 1.2em;">11</div>
<p>12 Click Submit Claim.</p>	<h3>Fax or Mail Documents</h3> <p>To send receipts or documentation for expenses by fax or mail:</p> <ol style="list-style-type: none"> Choose Submit Claim below to create a cover sheet, which will open in a secondary window. Print the cover sheet and include it with your documents when you send them. <div style="background-color: #ffffcc; padding: 5px; border: 1px solid #ccc;"> <p>Note: By creating and sending the cover sheet by fax or mail, you certify that any expense paid through the account hasn't been reimbursed, and you agree not to seek reimbursement from your plan for any expenses that are paid by the account.</p> </div> <div style="text-align: right; border: 1px solid red; border-radius: 50%; padding: 2px; color: white; font-weight: bold; font-size: 1.2em;">12</div>
<p>13 Click Print.</p>	<h3>To have your claim processed:</h3> <ol style="list-style-type: none"> Print this page. Sign and date this printed page before you send it. Send this page by 13 with your receipts or other documentation. <div style="text-align: right; margin-top: 10px;"> <p>Don't mark this bar code. It doesn't contain any personal information, and is necessary to speed up processing.</p>  </div> <p>After your documentation has been received, your claim will typically be processed within 10 days. Your claim will be denied if receipts or other documentation aren't received.</p>
<p>Please follow the directions on the Fax or Mail Cover Sheet, sign and date the Fax or Mail Cover Sheet and include all required documentation with the Fax or Mail Cover Sheet when you fax or mail your Dependent Care claim.</p>	