

**WA STATE SEBB
DEPENDENT CARE ASSISTANCE PROGRAM (DCAP) CLAIM FORM**



For plan year 2021. Submit all claims to Navia Benefit Solutions by December 31, 2022.

Use this form only for services that occurred during the plan year shown above.

Do not use this form for debit card transactions. Do not staple any documentation to claim form. Please tape to separate sheet or include loosely in envelope. **Do not send originals.** (Claims are stored electronically, and paper copies will be shredded).

Complete Sections I through III and sign the claim form. Email, fax, or mail your signed claim form. You can see the status of your claim at sebb.naviabenefits.com.

Section I – Employee Information

Last Name, First Name		MI	Day Phone		SSN
Address		City	State	ZIP/Postal code	Email - See information in Section III
<input type="checkbox"/> Address Change					

Section II – Day Care Claims - Claims for future services will not be accepted.

Start Date	End Date	Provider's Name, Address, Tax ID, or SSN	Name of Dependent	Age	Cost for care period
Provider's Signature and Date					
See IRC Section 129 for qualifying day care expenses or consult your tax advisor for more information.			Total DCAP Request \$		

Section III – Signature

To the best of my knowledge, my statements on this claim form are complete and true. I understand it is my responsibility to ensure this claim from my DCAP account and all information related to this claim is complete, accurate, and truthful. I understand I may be liable for the payment of all related taxes including federal income tax for an ineligible expense paid from the account. I further understand that no day care tax credit is permitted for amounts for which reimbursement is made. Any health care reimbursement claims are for eligible expenses incurred by myself, spouse, or dependents during the plan year shown above, and I certify that these expenses have not been reimbursed under this plan or by any other source and that they will not be reimbursed by any other source or insurance.

By providing an email address, I agree to receive all possible communications about this benefit via email. I may withdraw consent at any time without charge by contacting Navia Benefit Solutions. I authorize my DCAP account to be reduced by the amount(s) shown above.

Participant's Signature:	Date:
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Forms and supporting documentation can be emailed, faxed, or mailed to:
claims@naviabenefits.com, (425) 451-7002 or toll-free (866) 535-9227,
 or Navia Benefit Solutions PO Box 53250 Bellevue, WA 98015-3250