

**Dependent Care Assistance Program (DeCAP)**  
*Your Welcome Kit Includes*

- ~ Important Website Information
- ~ Claims and Reimbursement Procedures
- ~ How to Read Your DeCAP Statement
- ~ DeCAP Claims Form

Procedures Guide

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**Plan Year 2019**

***Please visit the  
Flexible Spending Accounts (FSA) Program  
Website at [nyc.gov/fsa](http://nyc.gov/fsa)  
for detailed information on:***

- The Dependent Care Assistance Program (DeCAP)
- The Health Care Flexible Spending Account (HCFSA) Program
- The MSC Health Benefits Buy-Out Waiver Program
- The MSC Premium Conversion Program

***You can select Forms & Downloads for:***

- Plan Year 2019 Brochures and Enrollment/Change Forms
- FSA Program Claims Forms
- FSA Direct Deposit Enrollment/Change/Cancellation Form

## *Dependent Care Assistance Program (DeCAP) Claims and Reimbursement Procedures*

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Please follow these procedures for the expedient processing of your claims:

- Submit your Claims Forms once a month, on or before the last day of the month.
- Claims Forms must be signed and dated by your service provider with his/her name, address, and Federal Tax I.D. Number or Social Security Number. Claims will not be processed without this information.
- Indicate the service date(s) and dollar amount(s) of your claim(s).
- Claims for each dependent must be filed separately.
- If you have more than one claim in a given month, you must indicate the total reimbursement amount of all claims.
- Claims Forms must be signed and dated by the participant.

Reimbursement for approved claims received by the last day of each month will be directly deposited into the account you indicated on your Enrollment/Change Form or Direct Deposit Form by the close of the following month.

If no account information is indicated in Section D on the Enrollment/Change Form, a reimbursement check will be sent to your address on file.

If there is no deposit credit recorded on your monthly claims payment statement, please check the next monthly claims payment statement for the deposit credit.

If you have any further questions regarding your DeCAP claims, please call the DeCAP Administrative Office at (212) 306-7760.

**Note:** This instruction sheet was formulated to assist you in the submission of your claims. Please refer to this sheet throughout the Plan Year.

## Dependent Care Assistance Program (DeCAP)

### How to Read Your DeCAP Statement

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A DeCAP claims payment statement will be sent to you every month indicating your opening balance, payroll deduction deposits, a deduction for the up to \$4.00 monthly administrative fee,\* and your closing balance.

Your itemized claims are divided into three categories: (1) “Claims to be Paid this Month” (i.e., the month that the statement is issued); (2) “Claims Pending;” and (3) “Insufficient Fund Claims.” A claim may not be paid if the claim amount exceeds your available balance. Your available balance is equal to the amount you have contributed to the program, less the monthly administrative fee\* and the total amount of claims paid from your account.

The last section of the statement includes the “Total Claims Reimbursed,” “Closing Account Balance,” and “Year-to-Date Payments.”

The following is an explanation of terms used:

Opening Balance:	funds in your account on the first day of the month
Administrative Fee*:	up to \$4.00 monthly, up to \$48.00 annually
Deposits:	your monthly contribution to the program. (Note: Activity during the last pay period of each month may not appear until your next statement)
Claims to be Paid this Month:	funds available for reimbursement in a given month
Claims Pending:	claims already submitted that have yet to be paid
Insufficient Fund Claims:	the dollar amount of claims submitted which exceeds your available account balance
Total Claims Reimbursed:	claims submitted that will be paid
Closing Account Balance:	the amount equal to your opening balance plus deposits, minus claims paid and up to \$4.00 for the monthly administrative fee
Year-to-Date Payments:	total amount of claims paid

\* The annual administrative fee may be adjusted by the FSA Program Administrator, but will not be greater than \$48 per program.

**Note:** This instruction sheet was formulated to assist you in the reading of your statements. Please refer to this sheet throughout the Plan Year.