

DeCAP Procedures Guide

This Guide Includes

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

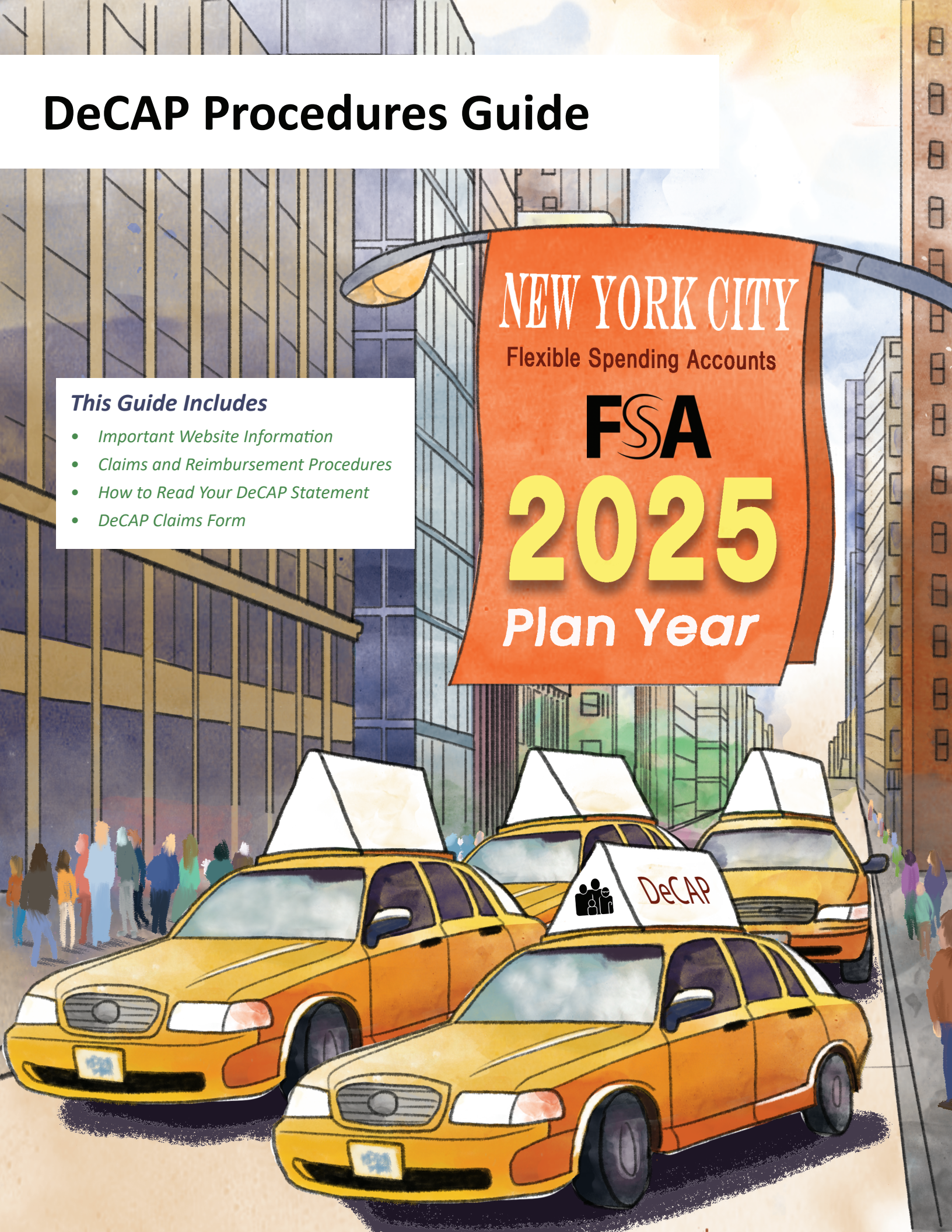
NEW YORK CITY

Flexible Spending Accounts

FSA

2025

Plan Year



***Please visit the Flexible Spending Accounts (FSA)
Program Website at nyc.gov/fsa***

- *More Information on the Dependent Care Assistance Program (DeCAP)*
- *To download Plan Year Brochures and Enrollment/Change Forms*
- *To download FSA Program Claims Forms*
- *To download FSA Direct Deposit Enrollment/Change/Cancellation Form*

Dependent Care Assistance Program (DeCAP)

Claims and Reimbursement Procedures

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

- Obtain a DeCAP claim form from the FSA program website
- Complete and submit your claim forms after services were incurred.
- Reimbursement received by the 15th of each month will be deposited into the account indicated on your Enrollment/Change form by the end of the Following month.

Claims Checklist

- Claim form signed and dated by your service provider with his/her name, address, address and Federal Tax I.D. Number or Social Security Number
- Service Date(s) and dollar amount(s) of your claim (s) included.
- Claims for each dependent are filed seperately.
- Total amount indicated for all multiple claims submitted (if applicable).
- Claim form signed and dated by the participant. If you have any further questions regarding your DeCAP claims, please call the DeCAP Administrative Office at (212) 306-7760.

Dependent Care Assistance Program (DeCAP)

How to Read Your DeCAP Statement

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
Total Claims	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.