HOW DO I USE MY DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT?

DO YOU HAVE:

1. Provider's Name
2. Provider's Tax ID or SSN
3. Name of dependent who is receiving care
4. Date(s) of service rendered/dollars charged

my SMART CARE
Powered by BCC

NO

Your expenses cannot be reimbursed without this information

YES

Complete a Request for Reimbursement Form

Submit the receipt(s) and completed Request for Reimbursement Form to BCC

BCC processes all reimbursement requests

Request is denied

BCC mails an EOB that explains the reason(s) for declination to the employee

Request is approved

BCC mails an EOB and paper check or proof of direct deposit to the employee