

# COVID-19 Child Care Reimbursement Program - Claim Form

(Instructions on next page)



## Employee Information

<b>Last Name, First Name</b>	<b>Employee ID #</b>
<b>Home Address</b> (Street, City, State, Zip Code) <input type="checkbox"/> Please update my address on file	<b>Phone Number</b>
<b>Employer Name</b>	<b>Email Address</b>

You can submit paperless claims at [www.naviabenefits.com](http://www.naviabenefits.com) or via the [MyNavia mobile app!](#) Just take a picture and submit!

## Child Care Expenses

Service Date(s)	Type of Service	Provider's Name	Services For Whom	Age at Time of Service	Net Cost

**Total Reimbursement Request \$ \_\_\_\_\_**

**Day Care Provider must sign this section if the invoice isn't an acceptable format. See page 2 for instructions.**

**Day Care Provider Certification:** I certify that dependent care services were provided as indicated above.

Provider/Facility Name: \_\_\_\_\_ Provider's Signature **X** \_\_\_\_\_  
 Signer's Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

**Do both of your child's parents work for King County? Yes \_\_\_ No \_\_\_**

If both parents or guardians of the child on this claim form are King County employees in the Regular Employee benefits group, only one may submit a claim for reimbursement under this program. The maximum allowed reimbursement amount is based on the higher-paid employee's monthly King County pay and assigned to that employee. If you have not already been notified by King County which parent can submit a claim for reimbursement, contact the King County Benefits Office at 206-684-1556 or by email at [kc.benefits@kingcounty.gov](mailto:kc.benefits@kingcounty.gov) for more information.

## Attestation & Signature

To the best of my knowledge my statements on this claim submission are complete and true. I understand that I am solely responsible for the sufficiency, accuracy, and veracity of claims and all information related to these claims submitted to the JLMIC Emergency Childcare Reimbursement Program and that unless an expense for which payment or reimbursement is claimed is a qualifying expense under such benefit, I may be liable for the entire amount reimbursed. I am claiming childcare reimbursement for eligible childcare expenses incurred by myself or my spouse during the program reimbursement period and 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. Note: The COVID-19 Child Care Reimbursement Program is administered under the rules of IRC Section 139 and, as such, any reimbursement I receive under this program is not considered taxable income.

I understand and have reviewed the COVID-19 Child Care Reimbursement Program Rules available at [kingcounty.gov/benefits/covid19-childcare](http://kingcounty.gov/benefits/covid19-childcare). I understand and have reviewed Navia's website privacy policy, privacy notice, and the website terms and conditions. I consent to the use and disclosure of my information in accordance with Navia's online policies and consistent with applicable law solely for the purposes of administering my benefits as outlined in the agreement between my employer and Navia. By providing an email address, I consent to receive all possible communications from Navia, agents, and subcontractors regarding the Program via email. I may withdraw consent at any time without charge by contacting Navia by phone, email, or mail. To update your email address contact Navia by phone, email, or mail. You have the right to receive paper version of an electronic document free of charge. Software requirements will be provided with each electronic document. I hereby authorize my benefits to be reduced by the amount(s) claimed above.

Participant's Signature <b>X</b>	Date
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## Claim Form Instructions

1. Complete employee information section. Be sure to write legibly to ensure proper processing.
2. Itemize your child care expenses in the table provided and attach copies of your documentation. Acceptable documentation includes an itemized bill/invoice, showing the date of service, type of service, and cost of service. If you are unable to obtain sufficient documentation, you may have the provider sign the front of this claim form to validate the services being claimed.

Please DO NOT submit the following types of documentation:

- ❖ Statements showing the claimed amount as a balance forward/previous balance
- ❖ Statements showing the claimed amount as a prepayment for future services
- ❖ Cancelled checks/copies of cashed checks
- ❖ Personal bank statements

3. Be sure to sign the claim form and submit! Please email or mail a signed claim form using one of the methods below:

### Claims Submittal:

Email: [claims@naviabenefits.com](mailto:claims@naviabenefits.com)

Mail: Navia Benefit Solutions  
PO Box 53250 Bellevue, WA 98015

Phone: Local (425) 452-3500 or Toll-free (800) 669-3539

Claims status is available [online](#). Please allow at least two (2) full business days for Navia to process your claim.