



## Reimbursement Claim Process and Instructions

(Updated 06/01/2021)

Participants covered under the NYSNA Child Care and Elder Care Fund ("CCEC Fund") must complete and submit the CCEC Fund Reimbursement Claim Form and all required documentation within three months from when the covered services were rendered and paid for. If you are submitting for reimbursement for a covered program, the form and documentation must be completed and submitted within three (3) months from the completion of the program. If the program is divided into sessions, the form and documentation must be completed and submitted within three months from the end of each session. For continuous programs (for example, day care, before/after school care, etc.), the form and documentation must be completed and submitted within three (3) months from the date that each payment to the program for which you are seeking reimbursement was due (i.e., if you pay weekly, three months from each weekly payment; if you pay monthly, three months from each monthly payment).

1. All reimbursement claims must provide the following:

- Completed and signed claim form.
- Copy of invoice or informal care service care log from the provider showing the start and stop dates of the service, charge and the period for which payment was made.
- Proof of payment to the provider (copy of deposited/cancelled check, credit card statement, or copy of money order or cashier's check— **cash payments are not eligible for reimbursement**)

2. Additional supporting documents must be submitted for the benefits below:

**For elder care benefits:** Participants must complete the Statement of Elder Relationship. If the claim is for elder transportation, a receipt for the travel and documentation of attendance at the healthcare appointment or senior care program must be provided.

**Benefits for disabled child of any aged:** Participants must provide a doctor's note establishing total and complete disability, or documentation of eligibility for SSDI or other government disability services.

**For taxable benefits:** Participants must provide a completed W-4, T2104 and Form I-9 and proof of business (license, certification, accreditation or Form W-9). Taxable Benefits include:


- Tutoring
- Activities
- Summer camps and before and after school programs for children age 13 -15.
- SAT/GED/SHSAT/AP PREP COURSE for children age 13 – 17

**For formal childcare benefits:** Participants must provide the Provider's license number or proof of exemption from licensing.

These instructions are provided for assistance in completing your claim forms and are not intended to change the information included in the Fund's official plan document, the summary plan description, as amended. All forms and documents are available online at [www.asonet.com](http://www.asonet.com) and [www.nysna.org/benefits](http://www.nysna.org/benefits) or by calling 1-888-692-7671.

Claims should be submitted by fax to 855-255-0904, upload to [asonet.com](http://asonet.com), or mail to:  
Administrative Services Only, Inc., Department 221, PO Box 9005, Lynbrook, NY 11563.

If additional information is requested, you will have 60 days from date of the request to provide or your claim for benefits will be processed based upon the information presented.

Participant's Name			 <b>NYSNA</b> child care and elder care fund <b>REIMBURSEMENT CLAIM          FORM</b> (ASO Department 221)	
Date of Birth (MM/DD/YY)	Social Security No. (Last 4 Digits Only)	Date of Request		
Employment Facility / Job Title				
Home Address			Telephone Number	
Reimbursement Amount Requested			Program start and end date for which payment is made.	
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Newborn care</div> <div style="width: 25%;"><input type="checkbox"/> School Age Child Care</div> <div style="width: 25%;"><input type="checkbox"/> Elder Care</div> <div style="width: 25%;"><input type="checkbox"/> Elder Care Transportation</div> <div style="width: 25%;"><input type="checkbox"/> Pre-Kindergarten</div> <div style="width: 25%;"><input type="checkbox"/> SAT/GED/SHSAT/PR Prep Class</div> <div style="width: 25%;"><input type="checkbox"/> Summer Camp</div> <div style="width: 25%;"><input type="checkbox"/> Care for Disabled Child</div> <div style="width: 25%;"><input type="checkbox"/> Activity</div> <div style="width: 25%;"><input type="checkbox"/> Tutoring</div> <div style="width: 25%;"><input type="checkbox"/> Before/After school Care</div> <div style="width: 25%;"><input type="checkbox"/> Informal Elder/Child Care</div> </div>				
Name of child / elder for whom services have been provided:				Child's Date of Birth (MM/DD/YY):
Name, address, and license number (if applicable) of provider(s):				
<input type="checkbox"/> My formal care provider is a licensed care provider <input type="checkbox"/> My provider is an informal care provider (complete service log) <input type="checkbox"/> My formal care provider is license exempt, description _____ <input type="checkbox"/> My activity or tutoring provider is licensed, certified, has an accreditation or provided a Form W-9 (provide supporting doc)				
<b>Documentation Included (please check all that apply):</b> <input type="checkbox"/> An itemized bill/ receipt from provider showing the program begin and end date for which payment was made <input type="checkbox"/> Proof of Payment (copy of cashier's check, deposited/cancelled check, money order or credit card statement - <i>cash payments not eligible for reimbursement</i> ) <input type="checkbox"/> For Elder Care: Completed Statement of Elder Relationship and accompanying required documentation <input type="checkbox"/> A completed W-4, T2104 and I-9 form for taxable benefits <input type="checkbox"/> For Elder Care Transportation: Receipt for travel and documentation of attendance at the health care appointment or senior care program <input type="checkbox"/> For Disabled Child of Any Age: Proof of disability (i.e., doctor's note establishing total and complete disability, documentation of eligibility for SSDI or other disability services) <input type="checkbox"/> For formal licensed or license exempt provider, include license or certification, or proof of exemption <input type="checkbox"/> For informal care providers include completed Service Log (use CCEC Fund Form) showing date and charge for services <input type="checkbox"/> For tutoring, activities, and SAT/GED/SHSAT/AP prep class provide a license, certification, accreditation or IRS Form W-9				
This completed claim form and all documentation must be submitted to ASO via upload online at <a href="http://www.ASONet.com">www.ASONet.com</a> or via fax (855-255-0904) or mail to: Administrative Services Only, Inc., Department 221, PO Box 9005, Lynbrook, NY 11563.				
I hereby swear that all information in this Reimbursement Claim Form and all other information/documentation I have provided to the NYSNA Child Care and Elder Care Fund ("the Fund") in support of my claim for benefits are true and complete to the best of my knowledge. I affirm that I am currently on active payroll status and am eligible to receive benefits under the Fund as defined in the Summary Plan Description.				
Participant's Signature: _____				Date: _____