

# GCAP Reimbursement Plan

## Plan Requirements

The Graduate Child Assistance Program (GCAP) provides financial assistance to eligible graduate students with children. Total award amounts and eligibility rules are determined by the Graduate School and are based on the household's adjusted gross income (AGI). The program operates on a reimbursement basis; recipients of the benefit are reimbursed for eligible expenses after they are incurred. Eligible expenses to submit to PayFlex include child care as well as family policies with dependent coverage that are not part of Princeton's Student Health Plan. The maximum grant for one eligible child is \$6,000; an additional grant of up to \$6,000 is available for a second eligible child. Only one grant is available per eligible child.

Students who submit their claims to PayFlex by the 10<sup>th</sup> of the month will be reimbursed in the same month. Questions concerning this benefit, eligible expenses, or your eligibility may be referred to Jeanette DeGuire at (609) 258-2449 or [jdeguire@princeton.edu](mailto:jdeguire@princeton.edu).

## How to File a Claim

Please PRINT all information.

You must submit a completed and signed claim form (unsigned and/or incomplete claim forms will be denied).

**Dependent Information** must be listed on the form and each dependent must be approved for a GCAP award for the expense to be eligible.

To claim reimbursement for the dependent premium of a family policy, the **Health Insurance Provider Information** section must be completed in its entirety, including an attached itemized statement of your family policy from your health insurance provider.

To claim reimbursement for child care expenses, the **Child Care Provider Information** section must include the Provider Address (the provider cannot be a member of your household to be eligible for reimbursement). This section can include the Provider's signature in lieu of attaching a receipt from the caregiver. The receipt or the claim form must have either the Tax ID number or SSN listed. Payment is only allowed for services that have already been provided, not for services to be provided in the future.

Please attach your proof of payment to the signed and completed claim form and mail or fax to:

**PayFlex Systems, USA**

**P.O. Box 3039**

**Omaha, NE 68103-3039**

**Attn: Special Processing Department**

**Fax # 877-406-7220**

### Student Information (Please Print)

Princeton University (Student ID #)	Student Name (Last) (First)	Date (MM/DD/YYYY) / /
Student Complete Address (street address, city, state, zip code)		

### Section A Health Insurance Provider Information

Complete this form and attach an itemized statement from your health insurance care provider. **Payment of health care premiums is for your child (ren) who is (are) your legal dependents as defined by IRS regulations, and for whom you are legally responsible.**

Name of Provider
Provider Complete Address (street address, city, state, zip code)

### Health Insurance Premium Expense

Date of Enrollment (MM/DD/YYYY)	Qualifying Person's (Dependent's) First and Last Name (Please Print)	Amount Requested
/ /		\$
/ /		\$
Total Expense(s) \$ _____		

### Section B Child Care Provider Information

Complete this form and attach an itemized statement from your day care provider or have your provider complete the information below. **Payment of services is for your child (ren) under 6 who is (are) your legal dependents as defined by IRS regulations, and for whom you are legally responsible. Payment is only allowed for services that have already been provided, not for services to be provided in the future.** If your day care provider completes and signs this form below, no other itemized statement is necessary.

Name of Provider	Provider Social Security Number or Tax ID
Provider Complete Address (street address, city, state, zip code)	
Provider Signature	Date (MM/DD/YYYY) / /

### Child Care Expenses

Date of Service (MM/DD/YYYY)	Name of child cared for on this date (description of expense) (Please Print)	Amount Requested
/ /		\$
/ /		\$
/ /		\$
Total Expense(s) \$ _____		

### Authorization

I certify that the expenses for my eligible child(ren) were incurred in order for me to continue my academic program. I understand that "incurred" means the service has been provided that gave rise to the expense, regardless of when I am billed, charged for, or pay for the service. The expenses have not been reimbursed, and I will not seek reimbursement elsewhere. I understand that any amounts reimbursed may not be claimed on my or my spouse's income tax returns. I have obtained or made reasonable efforts to obtain the provider's taxpayer identification number ("TIN") and I will include that TIN on the Form 2441 that I attach to my federal income tax return. I also understand that if my child care provider is a dependent care center which provides care for six (6) or more individuals, the center complies with all applicable state laws. I have received and read the printed material regarding the Graduate Child Assistance Program (GCAP) and understand all of the GCAP provisions.

Signature \_\_\_\_\_ Date \_\_\_\_\_