

COVID-19 Self-Coordinated Emergency Backup Child Care Expense Reimbursement Instructions

*For the UnitedHealth Group Concur Expense reimbursement system**

During the COVID-19 health crisis, if your regular caregiver is not available, you can secure your own back-up child care starting **Aug. 24** and submit for reimbursement through Concur Expense for child care services provided Monday through Friday, up to \$100 per day per household.

To request reimbursement, follow the step-by-step Concur Expense Reimbursable Benefits Instructions starting on page 5 of this document. You must complete the [COVID-19 Emergency Backup Child Care Receipt](#) and attach it electronically to your Concur expense (see sample on pages 3 and 4 of this document). **Note:** this receipt is required for care dates starting **Aug. 24**. **It must be filled out in its entirety in order for the reimbursement request to be considered. For the best results, please use Internet Explorer if you're completing the receipt in your web browser.**

You must also submit proof of payment for the care provided. Proof of payment could be a copy of your canceled check, Venmo, PayPal or Zelle payment confirmation, bank posting, credit card receipt, or a receipt signed by both you and your care provider.

Important notes:

- Emergency backup child care reimbursement is available to regular, active employees in the U.S. and Puerto Rico, including those who are employed by UnitedHealth Group companies that are not yet integrated. Employees classified as Senior Leadership Team (SLT) or Executive Leadership Team (ELT) members are not eligible for Self-Coordinated Emergency Backup Child Care reimbursement.
- The emergency backup care must be more expensive than your regular care, and you are only eligible to be reimbursed for new or increased, additional child care costs.
- Your emergency backup child care provider does not have to be a licensed caregiver, but they can't be your regular caregiver, your spouse/domestic partner, a member of your family living in your household, your child's other parent, or an individual that your spouse/domestic partner, your child's other parent, or you may claim as a tax dependent.
- You can only submit an emergency backup child care reimbursement request for dependent children 12 and under, or for your dependent child 13 or older who is physically or mentally unable to care for himself or herself.
- You can only request reimbursement for care used when you and your spouse domestic partner are actively at work.
- You can only submit an emergency backup child care reimbursement request after care has been provided on a weekly basis (example: submit one expense report every Friday for that week's care expenses).
- Expenses must be submitted within 14 business days of the last care date on the receipt or your reimbursement request will be denied.
- Your reimbursement request will be systematically routed to your management for approval as per the delegation of authority policy. If you are part of a group whose approver does not default, please choose your supervisor or designated approver for your business unit.

- You'll receive reimbursement on your biweekly paycheck within 2-3 pay periods of submission and approval of your expense.
- Your request for reimbursement will be subject to audit, and the company has the authority to request additional information to substantiate a claim for reimbursement. The company retains complete discretion as to whether or not an expense is reimbursable. Any invalid or mistaken reimbursements will be subject to repayment. You may be subject to disciplinary action, up to and including termination of employment, for any form of misrepresentation or inappropriate request for reimbursement.

** If your company/organization does not use the UnitedHealth Group Concur Expense system for reimbursements, follow your expense reimbursement process. Contact your Accounts Payable team if you need instructions on how to request reimbursement.*

COVID-19 Emergency Backup Child Care Receipt

Expenses must be submitted within 14 business days of the last care date on this receipt or reimbursement request will be denied. All fields are required to be completed. Reimbursement submissions with incomplete fields will be returned. Use Internet Explorer if completing online.

Employee Name		
Employee ID		
Employee Business Email		
Employee Supervisor/Manager Name		
Payee (Caregiver) Name <i>Cannot be your regular caregiver, your spouse/ domestic partner, a member of your family living in your household, your child's other parent, or an individual that your spouse/domestic partner, your child's other parent, or you may claim as a tax dependent.</i>		
Is the Payee (Caregiver) Related to you? If yes, please indicate relation to you.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is their relation to you?
Dependent Child Name(s) and Age(s) <i>Dependent children must be 12 and under.</i>		
Please provide an explanation of your need for an emergency backup child care reimbursement. Include details around your change in care needs and associated new or additional costs due to COVID-19.		
Date(s) of Service <i>On days you worked only.</i> List the specific date next to each day. Only one date can be listed per day, per week.	Amount Paid for Care <i>Not to Exceed \$100 per Day per Household.</i> <i>You may only request reimbursement for new or additional child care costs due to COVID-19.</i> Proof of payment must be submitted with reimbursement request or it will be denied.	
Monday	\$	
Tuesday	\$	
Wednesday	\$	
Thursday	\$	
Friday	\$	
Total Amount Requested	\$	

Acknowledgement and Release

I so acknowledge and attest to the following statements by checking each box below and by submitting the reimbursement request in the Concur Expense system, or via my organization's expense reimbursement process. **You may be subject to disciplinary action, up to and including termination of employment, for any form of misrepresentation or inappropriate request for reimbursement.**

I acknowledge that I am solely responsible for the identification and selection of my backup care provider. I agree that neither my employer nor its affiliates, employees or agents are responsible for my use of backup care or the selection of the provider. I also hereby fully release and discharge both my employer and their respective affiliates, officers, directors, employees and agents, from any claim of liability or damages associated with my use of backup care and the actions or inactions of the provider I selected.

In order to work, I was required to use alternative, emergency backup care, as explained in the [Self-Coordinated Emergency Backup Child Care – COVID-19 Policy](#), because my regular child care was not available due to the COVID-19 pandemic.

The emergency backup care expenses I am submitting are new or additional costs incurred as a result of a change in care due to COVID-19. I have not included any costs I would have otherwise paid for care.

The caregiver being reimbursed is **not** my regular caregiver, my spouse/domestic partner, a member of my family living in my household, my child's other parent, or an individual that my spouse/domestic partner, my child's other parent, or I may claim as a tax dependent.

I am requesting care for my dependent child who is age 12 or under as of the date that care was provided, or for my dependent child 13 or older who is physically or mentally unable to care for himself or herself.

This reimbursement submission is unique, and I have not otherwise been reimbursed for this expense. I further attest that this reimbursement request is not related to other child care support services provided by UnitedHealth Group, including the YMCA Learning and School Support services and Bright Horizons in-home and center-based backup care benefits.

I am requesting reimbursement for child care for time that both my spouse/domestic partner and I were actively at work (including commuting time). The child care is not for any period in which my spouse/domestic partner or I were on paid time off, on a leave of absence, on a company-paid holiday, or otherwise absent from active work.

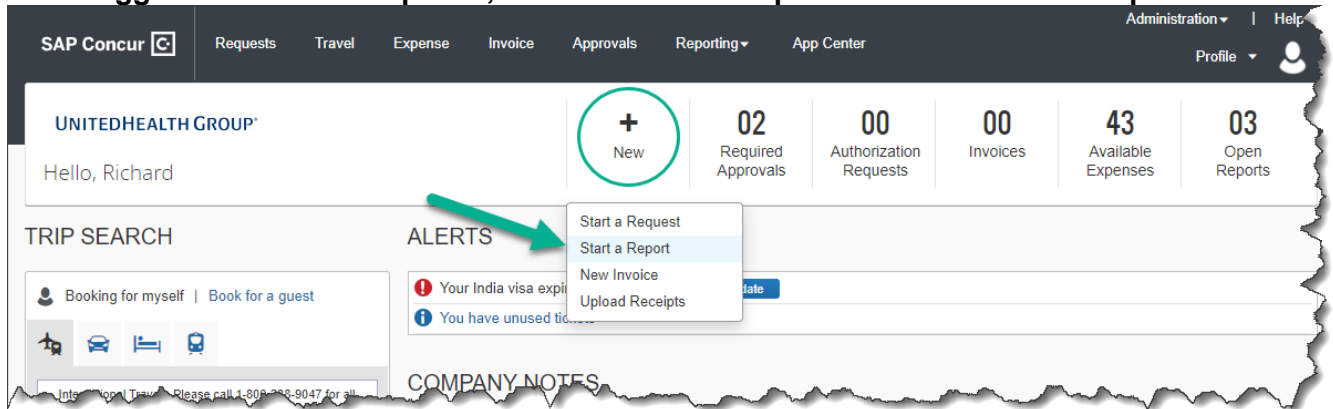
I have read and understand the [Self-Coordinated Emergency Backup Child Care – COVID-19 Policy](#), including the ["Tax Treatment" information](#).

I understand the company retains complete discretion as to whether or not an expense is reimbursable and has the authority to request additional information to substantiate my claim for reimbursement. I acknowledge that the company may require me to repay invalid or mistaken reimbursements. I acknowledge that I may be subject to disciplinary action, up to and including termination of employment, for any form of misrepresentation or inappropriate request for reimbursement.

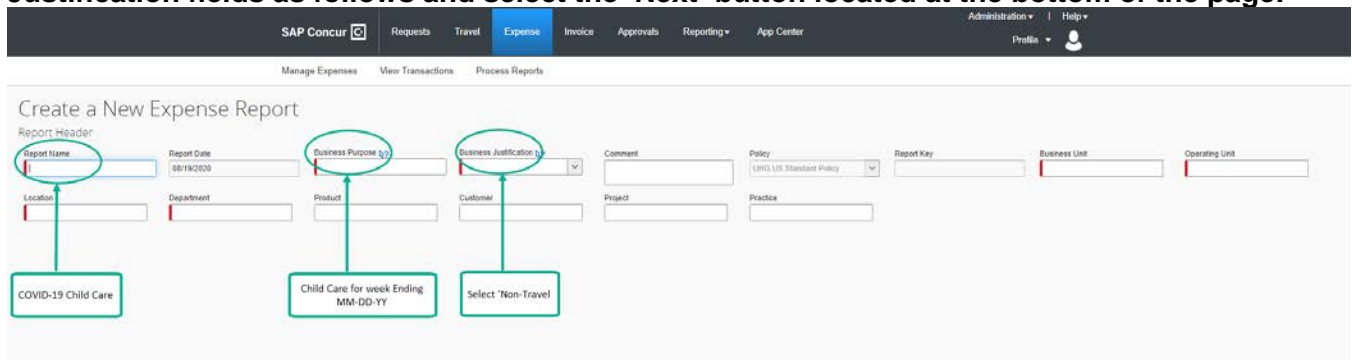
Concur Expense - Reimbursable Benefits Instructions

Follow these steps to request reimbursement for your self-coordinated emergency backup child care expenses within Concur Expense. It's recommended to submit an expense report for each week of child care.

1. Navigate to [The Hub](http://concur.uhg.com/) and select the 'Concur (Travel & Expense)' link under My Links or go to <http://concur.uhg.com/>
2. Once logged into Concur Expense, select the '+ New' option and then 'Start a Report':

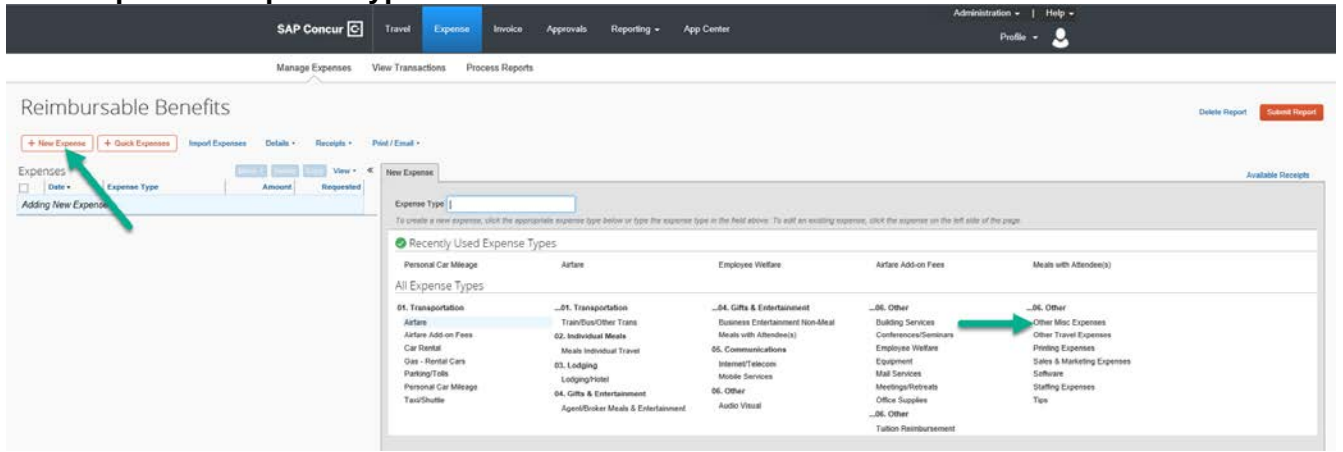


3. In the Report Header, complete the Report Name, Business Purpose and Business Justification fields as follows and select the 'Next' button located at the bottom of the page:

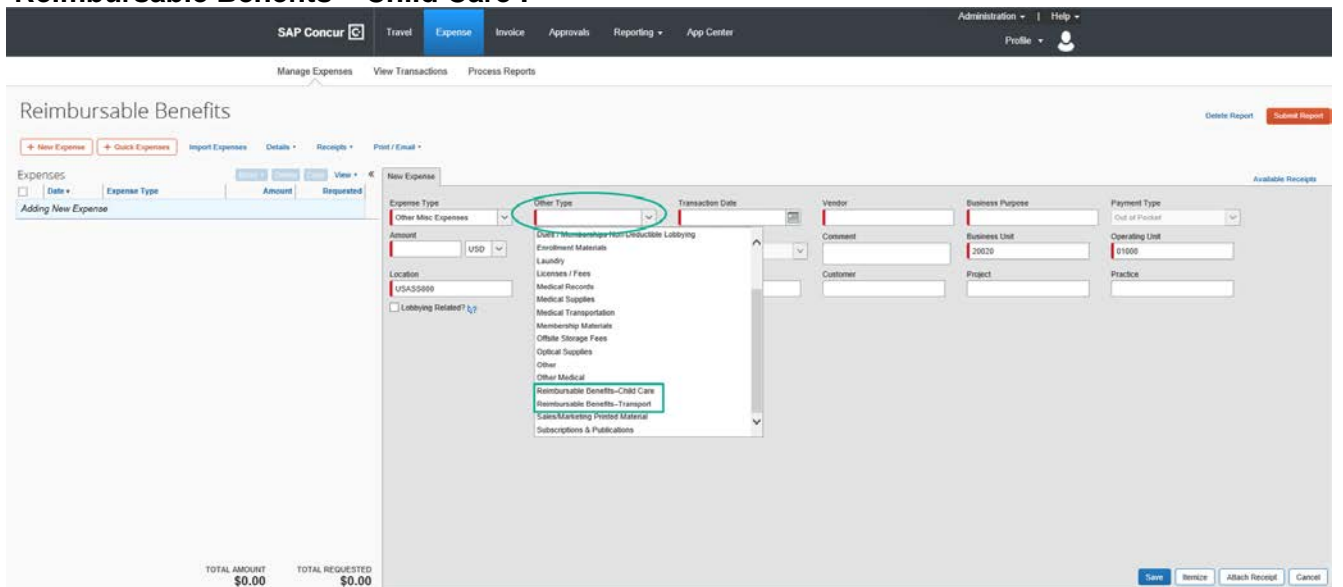
A screenshot of the 'Create a New Expense Report' form. The form is titled 'Create a New Expense Report' and has a 'Report Header' section. The 'Report Name' field is annotated with a green box containing 'COVID-19 Child Care'. The 'Business Purpose' field is annotated with a green box containing 'Child Care for week Ending MM-DD-YY'. The 'Business Justification' field is annotated with a green box containing 'Select Non-Travel'. Other fields include 'Report Date' (08/18/2020), 'Location', 'Department', 'Product', 'Customer', 'Project', 'Practice', 'Comment', 'Policy' (UHG US Standard Policy), 'Report Key', 'Business Unit', and 'Operating Unit'. The 'Next' button is located at the bottom of the page.

IMPORTANT: Do not change any of the fields that automatically populate (Business Unit, Operating Unit, Location, Department, etc.)

- After you've created your expense report, select the '+ New Expense' button and the 'Other Misc Expenses' expense type:



- Within the Expense Entry page select the 'Other Type' drop down and scroll down to select 'Reimbursable Benefits – Child Care':



6. Ensure all required fields are populated.

- a. Transaction Date
 - i. If weekly, input the date that reflects the last day of the week you're submitting
 - ii. If daily, input the date of service
- b. Vendor – input the caregiver's name
- c. Business Purpose – enter 'Emergency Childcare'
- d. Complete the [blank receipt](#) (see sample on pages 2 and 3 of this document), then select the 'Attach Receipt' button and attach an electronic version of the receipt. Once your receipt is attached, select the 'Save' button:

If you have questions or need additional help with creating/submitting your expense report, please submit a Service Ticket using the Payment Services Request site at <https://paymentservicesrequest.uhq.com/>