

Johns Hopkins University
MISSING RECEIPT AFFIDAVIT for Caregiving Expenses

Please read the documentation and substantiation requirements for Caregiving expenses on the next page of this form. Any Missing Receipt Affidavit lacking a full accounting of the expense and the required information or documentation will be deemed ineligible under the program. If it is determined upon audit that an employee was reimbursed for an expense that does not qualify under the COVID-19 Caregiving Relief Fund program terms or is not supported by appropriate underlying documentation, the employee **must reimburse the University for the full amount he/she received under the program for this expense.**

JHU COVID-19 Caregiving Relief Fund

Name: _____

JHED: _____

Email: _____

Phone Number: _____

I certify that the original receipts for the Caregiving expense reimbursement described below are missing, lost, incomplete, or otherwise unavailable. **Once you complete and sign the Missing Receipt Affidavit, please attach this to your claim submission with Discovery Benefits.**

Please select the appropriate Caregiving category for your reimbursement and provide the requested information. For all categories, the costs must have been incurred as a result of the pandemic and not be submitted for reimbursement through a dependent care flexible spending account, JHU Child Care Voucher, JHU COVID-19 Employee Relief Fund, insurance or reimbursed through any other means.

Incremental school-age (K-12th grade) child care and/or homework supervision costs (e.g., in-home care, in-center care, learning pods) for a dependent child to supplement or replace time that the dependent child would have been in school.

- Cost of care prior to COVID-19 (including before and after school care): \$ _____
- New cost of care incurred as a direct result of COVID-19: \$ _____
- Difference between pre and post COVID-19 costs: \$ _____
- Name(s) of dependent(s) receiving the service: _____
- Dates of service: _____
- Service provider name, valid address, valid phone number, and valid email. Please note that JHU or its vendor, Discovery Benefits, may contact the service provider for verification:

Incremental virtual or in-person tutoring, eLearning coaches, or other remote learning support expenses for a school age dependent child.

- Cost of remote learning support expenses prior to COVID-19: \$ _____
- New cost of remote learning support expenses incurred as a direct result of COVID-19: \$ _____
- Difference between pre and post COVID-19 costs: \$ _____
- Name(s) of dependent(s) receiving the service: _____
- Dates of service: _____
- Service provider name, valid address, valid phone number, and valid email. Please note that JHU or its vendor, Discovery Benefits, may contact the service provider for verification:

Incremental childcare costs for a pre-Kindergarten, dependent child incurred as a result of the ordinary care being impacted by COVID-19.

- Cost of care prior to COVID-19: \$ _____

- New cost of care incurred as a direct result of COVID-19: \$ _____
- Difference between pre and post COVID-19 costs: \$ _____
- Name(s) of dependent(s) receiving the service: _____
- Dates of service: _____
- Service provider name, valid address, valid phone number, and valid email. Please note that JHU or its vendor, Discovery Benefits, may contact the service provider for verification:

Educational or special needs services provided to a school-age dependent child to supplement those normally provided in a public school setting, for example, occupational or speech therapy.

- Cost of educational or special needs services prior to COVID-19: \$ _____
- Cost of new educational or special needs services incurred as a direct result of COVID-19: \$ _____
- Difference between pre and post COVID-19 costs: \$ _____
- Name(s) of dependent(s) receiving the service: _____
- Dates of service: _____
- Service provider name, valid address, valid phone number, and valid email. Please note that JHU or its vendor, Discovery Benefits, may contact the service provider for verification:

Incremental eldercare costs for adult immediate family members (spouse, child, domestic partner, parent, in-law, or grand-parent). For example, household services usually provided by a family member or adult day center, or that are newly required due to COVID-19.

- Cost of care prior to COVID-19: \$ _____
- Cost of new care incurred as a result of COVID-19: \$ _____
- Difference between pre and post COVID-19 costs: \$ _____
- Name(s) of dependent(s) receiving the service: _____
- Dates of service: _____
- Service provider name, valid address, valid phone number, and valid email. Please note that JHU or its vendor, Discovery Benefits, may contact the service provider for verification:

Please select family member (including in-law & step relations) cost is related to:

Spouse/Domestic Partner Parent Grandparent Adult Child Sibling

Other Incremental Caregiving Expenses Related to Pandemic: (please provide a detailed explanation of your request that includes why the expense was incurred because of COVID-19, the cost of care prior to COVID-19, the cost of new care incurred as a result of COVID-19, names of dependents receiving services, nature and dates of services, and the service provider's name, valid address, valid phone number, and valid email. Please note that JHU or its vendor, Discovery Benefits, may contact the service provider for verification.

Amount Requested: \$ _____

I, the undersigned, certify that for each Caregiving expense reported, the original receipt was lost, incomplete or not able to be obtained. Furthermore I certify that the expenses meet each of the following criteria:

- (a) are eligible Caregiving expenses under the COVID-19 Caregiving Relief Fund program terms;
- (b) were incurred on or after September 1, 2020;
- (c) were incurred as a direct result of the COVID-19 pandemic;

(d) were incremental and above amounts paid for similar Caregiving services prior to the onset of the pandemic; and
(e) have not been or will not be reimbursed to me from any other source whether insurance, my dependent care flexible spending account, the JHU Child Care Voucher Program, the JHU COVID-19 Employee Relief Fund or otherwise.

I understand that the University is not obligated to reimburse for any Caregiving expense that does not have receipt of payment. I also understand that if it is determined that I received a payment that does not qualify under the COVID-19 Caregiving Relief Fund program terms, I must return any payments made to me promptly. I also understand that I may be subject to disciplinary action if I provide false information or incomplete information. If there are any changes in the provided information, I understand it is my responsibility to immediately notify Discovery Benefits.

Signature of Employee _____ Date _____

DOCUMENTATION REQUIREMENTS

General

The JHU COVID-19 Caregiving Relief Fund (the “Fund”) requires employees to submit a copy of the original receipt from the service provider for all requests for reimbursement of eligible Caregiving expenses. Caregiving expense reimbursement requests must include copies of itemized receipts showing proof of payment or other appropriate substantiating documentation for each expense. The Fund covers eligible, incremental Caregiving expenses incurred as a direct result of COVID-19. Therefore, all documentation must include both the pre COVID-19 cost and the new cost incurred as a direct result of COVID-19.

Receipts are required to be submitted for all Caregiving expenses (regardless of amount). Appropriate receipts should include (i) the transaction amount, (ii) description of services and name(s) of dependent(s) receiving the service, (iii) method of payment (e.g. receipt showing last four digits of credit card number), (iv) dates of service, and (v) the service provider’s name, valid address, valid phone number, and valid email.

In extraordinary circumstances, the University will accept a Missing Receipt Affidavit in lieu of a receipt. Please see further guidance below.

Missing Receipt Affidavit

Individuals are required to make a good faith attempt to obtain a copy of the original Caregiving receipt from the service provider for all reimbursement requests. If a receipt or other substantiating documentation is not available or is incomplete, the employee may submit a Missing Receipt Affidavit to benefits@jhu.edu. This Missing Receipt Affidavit must include a detailed written explanation of why the Caregiving receipts or other substantiating documentation cannot be provided. JHU, in its sole discretion, will evaluate the explanation and determine whether the expense is reimbursable.