

## **Recurring Day Care Claim Form**

This form allows you to automate your day care claims. If you make fixed payments to your day care provider for a set period of time you may use this form to receive automatic reimbursement for your day care expenses. This method of reimbursement cannot be used if your payments fluctuate or change during the course of the year. This form is intended to act as the receipt or third party substantiation required for day care claim reimbursement. Reimbursements in accordance with this form will end on the earlier of the Service Date "end date" as indicated below, or the last day of the plan year. You may submit manual claims for other day care expenses not captured here (i.e. summer camps). Do not submit manual claims for the expense detailed below as these expenses will be automatically reimbursed.

Employee Information				
Last Name, First Name		SSN / Employee ID #		
Employer Name		Email Address		
Service Information				
Provider Name		Provider's Tax ID or SSN#		
Type of Service		Dependent Name and Age		
Dates of Service (must be within current Plan Year)		Scheduled Pay	Scheduled Payments	
/through/		\$	Weekly	
		,	Monthly	
The above information is true and cor	rect.			
Provider Signature	 Date			
_				
Important				
Expenses must be custodial ar under the Day Care FSA.	d should not be educational in hat	ture. Tuition, meals and su	pplies are not eligible for reimbursement	
<ul> <li>Services must be incurred with</li> </ul>	nin your plan year.			
• It is your responsibility to submit a new claim form immediately if there is a change in your day care provider, utilization, and/or rates.				
No day care tax credit is permit	itted for amounts for which reimb	ursement is made.		
<b>Employee Authorization</b>				
			m. I am solely responsible for the sufficiency,	
	• •		or changes occur such that reimbursement is no thorize my employer to take any and all steps	
	9	•	spenses incurred by my qualified dependents as	
	· · · · · · · · · · · · · · · · · · ·		an or by any other source. I am responsible for	
keeping all substantiation or documentatio		understand it is my responsib	ility to obtain and report to the IRS the	
identification of my provider(s) when I file r	ny taxes.			
Participant's Signature X			Date	