



Flexible Spending Account Dependent Care Reimbursement Request Form (DAY CARE)

Submit claims to: Professional Benefits Services or Fax (616) 285-0701
Flexible Spending Department Total number of pages _____
2959 Lucerne SE Suite 205
Grand Rapids, MI 49546 or Email claims to:
flex@professionalbenefits.net

For questions please call: (616) 285-2480 or (800) 732-3412

Employee Instructions:

1. Reimbursement form must be complete and clear. Failure to answer any questions or provide proper documentation may delay payment.
2. All receipts must have the name of the dependent(s), date of service, a provider, and the amount of the charge.
3. You must provide bills from your dependent care provider or other evidence that the expenses were incurred and paid. Cancelled/Copied checks will not be accepted.

Employer\Place of employment _____ Department _____

Employee Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip Code _____

Change of Address

Employee Number _____ or Social Security Number (Optional) _____

Provider Information:

Name of Provider _____ SS# or Tax ID of provider _____

Address of Provider _____

Dates of Service: From _____ Through _____

Dates of Service: From _____ Through _____

Name of Dependents:	Age (under 13)
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____

TOTAL REIMBURSEMENT REQUESTED \$ _____

To the best of my knowledge and belief, this Reimbursement Request Form is complete and true. The expense is for my dependent. I certify that the receipts are for a dependent as defined in the plan. I certify that I have not been reimbursed previously for these expenses. I understand that these expenses may not be used to claim any federal income tax deduction or credit (including the dependent care tax credit). I agree to file IRS Form 2441 with my tax return and provide any taxpayer identification number required thereon. I authorize a deduction from my Dependent Care Reimbursement Account in the amount of this reimbursement request.

Employee Signature

Date