



WORK-RELATED DEPENDENT CARE CLAIM FORM

I will pick up my check - **BRING ID**

Employee Name: _____ Last 4 digits of SS#: _____

Address: _____

City: _____ State: _____ Zip: _____ IS THIS A NEW ADDRESS? Y or N

Employer Name: _____ Day Time Phone #: _____

Name and age of child/children: _____

NOTE: CHILDREN ARE ELIGIBLE UP TO THEIR 13TH BIRTHDAY.

Email Address: _____

I acknowledge:

This account may be used for expenses incurred for eligible children up to age 13.

School tuition is not an eligible expense.

My spouse and I (if married) must both be working or be a full-time student to be eligible to participate.

The individual who provided the care is not my spouse or child under age 19.

For children of divorced/legally-separated parents, only the Custodial Parent may use this benefit.

These expenses have not been reimbursed nor will I seek reimbursement from any other plan coverage.

Furthermore, the following person has authorization to speak with FlexBank on my behalf regarding the information contained in this claim.

Name _____

X _____

SIGNATURE OF EMPLOYEE (required)

DATE

Claim Request:

As a participant in my Employer's Work-Related Dependent Care FSA, I hereby request reimbursement for the following dates of service:

WEEK 1	_____	TO	_____	\$	_____
WEEK 2	_____	TO	_____	\$	_____
WEEK 3	_____	TO	_____	\$	_____
WEEK 4	_____	TO	_____	\$	_____
WEEK 5	_____	TO	_____	\$	_____
TOTAL				\$	_____

An itemized statement/receipt from your provider with provider's name, address, tax ID# or SS#, dates of service and amounts paid must accompany this request OR the box below must be completed.

Certification from Provider:

We certify that we are providing work-related dependent care services for the Employee listed above. We also verify the charges and that we have provided service for the dates listed.

Name of Provider: _____

Federal Tax ID or Social Security #: _____

Signature of Provider: _____ Date: _____

How to submit claims

- ✓ via Mail: FlexBank Administrators, 1250 W. Dorothy Lane, Suite 107, Dayton OH 45409
- ✓ via Fax: 937.299.7992 or 888.677.9373
- ✓ via Email: Claims@FlexBank.net
- ✓ via Mobile: http://www.flexbank.net/m/

Questions? Call us at 888.677.8373 or visit our website at www.flexbank.net.