

DEPENDENT DAYCARE ACCOUNT FLEXIBLE SPENDING REIMBURSEMENT REQUEST
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Name _____ Employer _____

Social Security Number _____ - _____ - _____

Dependent Daycare Account

Dependent Name/Relationship	Name of Care Provider	Dates of Service*	Amount of Request
_____	_____	___/___/___	\$ _____
_____	_____	___/___/___	\$ _____
_____	_____	___/___/___	\$ _____
_____	_____	___/___/___	\$ _____
_____	_____	___/___/___	\$ _____
Total Reimbursement			\$ _____

*Date of Service must be consistent with the plan year from which you are requesting this reimbursement.

Attach a receipt signed by the caregiver, a copy of the canceled check, or use the affidavit below. (All canceled checks must supply the following documentation: Social Security Number or Tax ID Number, and description of expenses.)

Affidavit of Dependent Daycare Services Provided

I have provided adult/child daycare for _____
 (Name of Dependent)

for the period beginning ___/___/___ and ending ___/___/___

Services were provided to _____ for a fee of \$ _____
 (Name of Employee)

Signature of Care Giver _____

Tax ID # or Social Security Number _____

(Continued On Back)

IMPORTANT INFORMATION REGARDING FLEXIBLE SPENDING ACCOUNT(S)

Instructions

- Submit a Reimbursement Request Form each time you request payment from your Flexible Spending Account
- Requests cannot be processed without supporting documentation showing proof of expense.
- If you are reimbursed for expenses through your Flexible Spending Account(s), you cannot claim these same expenses on your federal income tax return.
- Expenses incurred prior to the effective date of your Flexible Spending Account(s) are not eligible.

Dependent Daycare Expenses

- You may request reimbursement for daycare expenses that are employment-related for the care of:
 - Dependents under age 13; or
 - Dependents of any age if physically or mentally handicapped; and
 - Dependents who are claimed on employee's tax return
- The annual reimbursement cannot exceed:
 - \$5,000 if married, filing a joint federal tax return
 - \$5,000 if unmarried and filing a single or head of household return.
 - \$2,500 if married and filing separate returns
 - \$2,400 for one child (\$4,800 for 2 or more children) if spouse has no income and is a full-time student or is disabled.
 - The income of the lower paid spouse.
- Both the employee and spouse must work (unless spouse is a full-time student or disabled) for daycare expenses to be covered.
- Canceled checks or receipts signed by the care giver are acceptable proof of payment for daycare expenses. If performed by an individual you must provide that person's Social Security Number on the receipt or canceled check.

How to File Requests

- Complete this form and attach documentation. Mail to address below.
- Since documentation cannot be returned to you, please be sure to make copies for your records.
- For assistance, call The Professional Benefits Group, Inc.

Professional Benefits Group
701 Chestnut Street
Vestavia Hills, Alabama 35216
205.822.8310
205.822.8336 FAX

Your Signature

I request payment from my Flexible Spending Account(s) for the expenses listed above. I certify the above information is correct and that I have not requested reimbursement for these expenses from any other source. I understand reimbursed expenses cannot be claimed on my personal income tax return and payment by Professional Benefits Group, Inc. is not a guarantee my expenses are tax deductible.

Signature: _____

Date: _____

Incomplete information or unacceptable documentation will result in rejection or delay of this reimbursement request. Proper documentation is required.

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