MEDICAL AND DEPENDENT CARE REIMBURSEMENT CLAIM FORM

EMPLOYEE INFORMATION (Please Print)

☐ **Check here if address has changed**

Participant Name		SSN	
Mailing Address	City	State	Zip
Email		Day Phone	
Employer			

UNREIMBURSED MEDICAL EXPENSES (Attach supporting documentation)

Does your receipt include **all** of the following?

☐ *Provider's name* ☐ *Provider's address*
☐ *Service provided* ☐ *Amount billed*
☐ *Actual date(s) of service: Date of payment is not sufficient*

Person for Whom Expense was Incurred	Date of Service	Name of Service Provider	Description of Services	Amount
		Total Unreimbursed Medical Expenses		

DEPENDENT CARE EXPENSES (Attach supporting documentation if Provider does not sign form)

Supporting documentation for dependent care expenses is required only if provider does not sign this form. Otherwise, supporting documentation **must** include the provider's name, address, Tax I.D. #, dates of service and amount charged.

Name and Age of Dependents	Service Date		Name & Address of Service Provider	Amount
	From	To		
		Total Dependent Care Expenses		

I certify that I have provided dependent care as described above. I have charged $ _____ for the services I rendered on the dates listed above.

Provider Social Security # or Taxpayer ID #

Signature of Dependent Care Provider

READ CAREFULLY

The above is a true and accurate statement of all expenses incurred by myself or my eligible dependents on the date(s) indicated, and were incurred while I was covered under the Flexible Spending Account(s), and that I have not been reimbursed previously under the Plan or any other health plan, nor do I expect any of these expenses to be reimbursable elsewhere. Supporting documentation from my service provider(s) for all expenses are attached to this claim form. I understand that I cannot claim any reimbursed expenses on my income tax return, and that I may be liable for payment of all related taxes including Federal, State, or City income tax on the amounts paid for any expense improperly claimed under the provisions of the Flexible Spending Account(s).

Participant Signature

Date

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A Limited Liability Company

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