



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	
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 Payments	
/ through/	\$ Weekly	
	Monthly	
The above information is true and correct.		
Provider Signature Date		
Important		
 Expenses must be custodial and should not be educational in nature. Tuition, meals and supplies are not eligible for reimbursement under the Dependent Care Expense Account. 		
•	re. Tuition, meals and supplies are not eligible for	
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reimbursement under the Dependent Care Expense Account.		
 reimbursement under the Dependent Care Expense Account. Services must be incurred within your plan year. It is your responsibility to submit a new claim form immediately if the submit and t	there is a change in your day care provider, utilization,	
 reimbursement under the Dependent Care Expense Account. Services must be incurred within your plan year. It is your responsibility to submit a new claim form immediately if t and/or rates. No day care tax credit is permitted for amounts for which reimburs 	there is a change in your day care provider, utilization,	
 reimbursement under the Dependent Care Expense Account. Services must be incurred within your plan year. It is your responsibility to submit a new claim form immediately if t and/or rates. 	there is a change in your day care provider, utilization, sement is made. Evider as detailed on this form. I am solely responsible for the nent is made for an improper expense or changes occur such that as including federal, state or city income tax. I authorize my ke any corrections under this benefit. I am claiming day care year and certify that these expenses have not been reimbursed in or documentation in the event of an audit and I further	