

## DEPENDENT DAY CARE REIMBURSEMENT ACCOUNT

EMPLOYER NAME \_\_\_\_\_

### DAY CARE ELIGIBILITY

In connection with my request for reimbursement for qualified dependent day care expenses (the "expenses"), I hereby certify that:

1. I am an eligible member of my company's Flexible Benefit Plan.
2. The expenses were incurred with respect to a "qualifying individual" as that term is defined in the plan document.
3. The expenses were incurred to enable me to be gainfully employed.
4. The amounts were not paid to an individual whom I claim as an exemption on my income tax return under Section 151 (e) of the Internal Revenue Code or to a child of mine under the age of 19.

### PROVIDER INFORMATION

PROVIDER NAME (Please Print) \_\_\_\_\_

PROVIDER ADDRESS \_\_\_\_\_

PROVIDER IDENTIFICATION NUMBER \_\_\_\_\_

### EMPLOYEE INFORMATION

EMPLOYEE NAME \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Please Print)

### EMPLOYEE SIGNATURE

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_