BUSINESSPLANS
MYBENEFITSTATEMENTS | MYCAFETERIAPLAN | MYCOBRAPLAN

Flexible Spending and Dependent Daycare Claim Form

If Faxing # of Pages:

EMPLOYEE INFORMATION *(Please Print)*

☐ Check here if address has changed

Name: _____

Address: _____

City, State, Zip: _____

Employer Name: _____

SSN (Last 4 digits): _____

Email : _____

Phone: _____ ☐ Home ☐ Work

UNREIMBURSED HEALTHCARE EXPENSES (Attach supporting documentation)

Do your receipts include all of the following?

Provider's Name and Address
Patient's Name
Date of Servi
Service Provided
Amount billed

***** Credit card receipts are not acceptable *****

Person for Whom Expense was Incurred	Date of Service	Name of Service Provider	Description of Services	Amount
		Total Unreimbursed Healthcare Expenses		$ 0.00

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

If submitting supporting documentation, it must include the provider's name, address, Tax I.D.#, dependent's name, dates of service and amount charged.

Child's Name	Age	Service Date		Name and Address of Service Provider	Amount
		From	To		
					$ 0.00
			Total Dependent Care Expenses		0

I certify that I have provided dependent daycare services 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 my eligible dependents or me on the date(s) indicated, and I will not seek reimbursement from any other plan including a Health Savings Account (HSA). 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 and any associated penalties on the amounts paid for any expense improperly claimed under the provisions of this plan.

Participant Signature

Date

Mail To: myCafeteriaPlan, 432 East Pearl St., Miamisburg, OH 45342
Fax To: 937.865.6502

Access your account information 24 hours a day, seven days a week on our web site: www.myCafeteriaPlan.com