



**Dependent Care Reimbursement Account
Dependent Care Contract & Reimbursement Form**

Employee Name: _____ **Soc Sec #:** _____

Employer: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Dependent Names: _____

Dependent Care Provider: _____

Address: _____ **Tax ID #:** _____

City: _____ State: _____ Zip: _____

To submit a single claim for your full annual Dependent Care election, complete this section:

This is an agreement made between the above listed parties for dependent care services for the period from ____/____/____ to ____/____/____, in the amount of \$_____ for the purposes of Flexible Spending Account reimbursement. It is also agreed that services provided in excess of the amount shown will be paid for directly by the employee.

Daycare Provider Signature

Date

Employee Signature

Date

To submit a claim for a portion of your Dependent Care election, complete this section:

Dates of Service:

1. ____/____/____ to ____/____/____ Amount: \$_____

2. ____/____/____ to ____/____/____ Amount: \$_____

3. ____/____/____ to ____/____/____ Amount: \$_____

To the best of my knowledge and belief, my statements in the requested expenses are complete and true. I am requesting reimbursements only for eligible expenses incurred during the applicable plan year for myself and my eligible dependents. I certify that these expenses have not been and will not be reimbursed under another employer sponsored benefit plan and will not be claimed as an income tax deduction. Also, I certify that these expenses have not been previously reimbursed under this plan. I authorize that my plan account will be reduced by the amount of the requested reimbursement.

Employee Signature

Date

**** You MUST attach receipts from the provider for the amount and dates shown.**

Completed form should be faxed to: 866-511-5503
Or it can be e-mailed to: claims@vantageflex.com
Or it can be mailed to: Vantage Flex, LLC
2012 10th Street, Ste 8
Menominee, MI 49858

If Faxing:

Number of pages (including this one): _____