

## Dependent Care FSA – Recurring Reimbursement Contract

If you make fixed payments to your daycare provider for a set period of time you may use this form to receive automatic reimbursement for your daycare expenses, you cannot use this form 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 daycare claim reimbursement. Reimbursements in accordance with this form will end on the Date of Service “end date” as indicated below, or the last day of the plan year. You may submit manual claims for other daycare expenses not captured here. Do not submit manual claims for the expense detailed below as these expenses will be automatically reimbursed.

### Employee Information

<b>Full Name:</b>	<b>SSN:</b>
<b>Employer Name:</b>	<b>Email Address:</b>
<b>Dependents Full Name: (eligible for children age 12 and under)</b>	<b>Date of Birth:</b>

### Service Information

<b>Daycare Provider Name:</b>	<b>Provider's Tax ID/SSN:</b>
<b>Type of Service:</b>	<b>Dates of Service: (must be within the current Plan Year)</b>
	___ / ___ / ___ through ___ / ___ / ___
<b>Provider Rate:</b>	
\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
I hereby certify, that the above information is true and correct.	
_____	_____
Daycare Provider Signature	Date Signed

- Expenses must be custodial and should not be educational in nature.
- Tuition, meals and supplies are not eligible for reimbursement under the Daycare FSA.
- Services must be incurred within your plan year and a new Dependent Care Contract completed each plan year.
- It is your responsibility to submit a new claim form immediately if there is a change in your daycare provider, utilization, and/or rates.
- No daycare tax credit is permitted for amounts for which reimbursement is made.
- Direct Deposit is recommended and can be set up on your secure portal at <https://ebs-tpa.lh1ondemand.com>

### Employee Information

I hereby certify, understand and agree that I make fixed regular payments to my provider as detailed on this form. I am solely responsible for the sufficiency, accuracy, and veracity of the information related to this form and if payment is made for an improper expense or changes occur such that reimbursement is no longer proper I may be liable for the payment of all related taxes including federal, state or city income tax. I understand and agree that I am obligated to inform EBS in writing if the amount charged for the dependent care services change, the service is terminated, or if there is any reason the expenses are not incurred. I authorize my employer to take any and all steps necessary, including garnishing my wages, to make any corrections under this benefit. I am claiming daycare expenses incurred by my qualified dependents as defined by the IRS during the plan year and certify that these expenses have not been reimbursed under this plan or by any other source. I am responsible for keeping all substantiation or documentation in the event of an audit and I further understand it is my responsibility to obtain and report to the IRS the identification of my provider(s) when I file my taxes. I accept and understand that this Claim Form is a contract for reimbursement under my Dependent Care Account and that EBS will set up payments on a recurring basis. I understand that with the recurring option, EBS software will automatically generate a payment each time a payroll deduction is made.

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Employee Signature

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Date Signed