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: _____ Employer Name: _____

Address: _____ SSN (Last 4 digits): _____

City, State, Zip: _____ 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 Service
Service Provided
Amount billed

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

***** Please do not include expenses paid with your Flex Card *****

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		
			Total Dependent Daycare Expenses		$ 0.00

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 Daycare 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