Benefit Advantage
PO Box 5546 De Pere, WI 54115-5546
Phone (800) 686-6829
Fax (920) 339-0038
E-mail: claims@benadvan.com

RECURRING DAYCARE REIMBURSEMENT REQUEST FORM

A Recurring Claim allows Benefit Advantage to automatically enter and post a claim to your Dependent Care Account at the end of the first full week of every month. Reimbursements **to you** will occur as funds are received by Benefit Advantage from your employer. Deposit dates may vary month to month. Benefit Advantage will not be held responsible for any late charges or overdraft fees related to this payment.

Employer Name: ____________________

Employee Name: ____________________

Address: ____________ City: ____________ State: ______ Zip: ______

Social Security #: ____________ Daytime Phone #: ____________

I VERIFY THAT I MAKE REGULAR ONGOING PAYMENTS TO:

Name of Day Care Provider: ____________ Provider Tax ID Number: ____________

Name of Dependent: ____________ Birth Date: / /

The charge for the care is $________ per month, beginning on ___/____/____ & ending on ___/____/____.

Note: This recurring claim is only valid for the current plan year.

PROVIDER VERIFICATION

Signature of the Provider is mandatory if no Federal Tax ID or documentation is given. Also, the daycare provider must declare this as income on their tax return.

I verify that the above charges are accurate as described.

____________________ ____________________ _____/_____/_____
Provider Signature **Federal Tax ID Number** **Date**

There is a $25 minimum payment amount.

For claims reimbursed through Direct Deposit, I realize if I fail to notify Benefit Advantage of any bank account changes, a service fee of $10.00 will be charged for each direct deposit item. Returned items will be reissued as a paper reimbursement less the $10.00 fee.

EMPLOYEE'S CERTIFICATION FOR REIMBURSEMENT

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and, to the best of my knowledge and belief, are eligible for reimbursement under my Reimbursement Plans. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return.

I agree that if the amount changes or if for any reason, such as illness or vacation, the expenses are not incurred as scheduled, I will **immediately** notify Benefit Advantage in writing.

The Internal Revenue Service regulates this Dependent Care Spending Account. Documentation guidelines utilized by Benefit Advantage are intended as a means to determine your expenses quality for reimbursement. It is the responsibility of each participant to comply with documentation requirements and avoid submitting duplicate or ineligible claims. Failure to comply with the above requirements may delay the payment of your claim.

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Employee Signature: ____________________ **Date**: _____/_____/_____

You may review your account at www.benefitadvantage.com for balance details.

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HOW TO FILE YOUR REQUEST

DEFINITION OF DEPENDENT CARE:

Must be “for care of an eligible dependent by IRS regulations enabling you or your spouse to work or to seek employment”

DEFINITION OF ELIGIBLE DEPENDENTS:

The IRS states an eligible dependent is less than 13 years old and living with you. An eligible dependent may also include your mentally or physically impaired spouse/dependent/child that is living with you and incapable of caring for him or her self.

The provider of the care **MUST** declare the funds you pay them as income

CHECKLIST

- ✓ Fill out only if you are **not** manually submitting claims throughout the year
- ✓ Documentation must be attached
- ✓ Sign the bottom of the claim form

The provider **MUST** sign the claim form or include a tax id in order to process the claim.