Claim Form – Recurring Service Reimbursement (DCAP)

This form is used to request ongoing reimbursement from your Dependent Care Assistance Plan (DCAP) account. Contributions will be reimbursed to you on a per-pay-period basis. By completing this form you will not need to provide continuing documentation. Please complete all fields and include appropriate documentation stating your child will be attending throughout the year or during specific time frames. All information must be completed by you and your dependent care facility to receive reimbursement. CLAIMS WILL NOT BE PROCESSED WITHOUT YOUR SIGNATURE AND THE PROVIDER'S SIGNATURE.

A. Declaration of Services

I request reimbursement for the below listed time frame for qualified dependent care services. I certify that the services will be provided between the following dates:

Start Date (mm/dd/yyyy) _____ End Date _____

I have included signed copies of the independent provider's charges, in the total amount of $ _____ for the dates indicated above.

NOTE: If you have any changes during the dates referenced above, please notify your benefits administrator.

B. Participant Information

Employer Name (Please Print) _____

Participant Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____ Home Phone ( ) _____ Work Phone ( ) _____

Participant Email Address _____

Name(s) of Dependent(s) _____

C. Care Provider Information

Name of Care Provider _____

Address _____ City _____ State _____ Zip _____

Federal Tax ID Number _____

D. Signatures

Authorized Provider Signature _____ Date ____/____/____
mm/dd/yy

Participant Signature _____ Date ____/____/____
mm/dd/yy

NOTE: Your total reimbursement amount will be figured on the total annual amount you have elected, based on the number of payrolls that occur throughout the plan year. For questions regarding your maximum contribution amount, please contact your benefits administrator.

For fastest reimbursement, please submit claims via FAX, EMAIL or MOBILE APP

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