



Skip the form!

Log into your account at www.yourwaybenefits.com to submit your supporting documentation online.

To submit a paper form, follow instructions provided below and send to: OneBridge FSA, PO Box 80866, Seattle, WA 98108.

For questions, contact us at: 1-888-865-1628.

1 Participant Information (Please fill out your information below.)

Participant Number or SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Is this a new address?:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Direct Deposit Information (Please fill out your direct deposit information below.):

Bank Name: \_\_\_\_\_ Account Type:  Checking  Savings

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

2 Reimbursement Request

- Complete this entire Reimbursement Details section.
Fill out a separate form for each Dependent Care reimbursement request.
Acceptable documentation for Dependent Care expenses consists of a bill or receipt showing the following:
- Provider name and tax ID/social security number
- Service dates
- Dependent name
- Cost of expense
If no receipt is provided, the Dependent Care provider must certify the expenses signing below.

Reimbursement Details

Provider Information

Provider Name: \_\_\_\_\_

Tax ID/SSN: \_\_\_\_\_

Signature of Provider:

(Replaces the need for documentation of service.)

\_\_\_\_\_

Dependent Information

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Relationship to Participant:

- Spouse
Qualifying Child
Qualifying Relative
Other \_\_\_\_\_

Reimbursement Information

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Amount: \_\_\_\_\_

Type of Care:

- Adult Day Care
Au Pair
Babysitter
Before/After School
Child Care
Family Care Provider
Home Aide
Preschool
Summer Day Camp
Other \_\_\_\_\_

Authorization (signature required to process reimbursement):

I acknowledge and certify that:

- The information submitted with this reimbursement request is accurate and complete to the best of my knowledge.
The expenses listed above qualify for reimbursement under applicable IRS regulations and guidance.
I am requesting reimbursement for my own personal expenses.
These services have already been incurred.
I have not and will not seek reimbursement for this expense from any other plan or party, and such expenses are not reimbursable from another source.
I understand OneBridge Benefits reserves the right to deny a claim if I have not provided substantiation or if there is reason to believe the expense is not qualified as defined under the conditions in my Summary Plan Description or regulatory guidance. In such instance, I may be responsible for reimbursing the plan for such expense.
I understand that the expenses reimbursed may not be used to claim any federal income tax deduction or credit (such as the Dependednt Care Tax Credit). I agree to file IRS Form 2241 with my tax return and provide any required taxpayer identification numbers.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_