

Dependent Care Receipt Form

THIS IS NOT A CLAIM FORM

If your dependent care provider does not give you a receipt, have them complete and sign this form. You must submit a Reimbursement Claim Form with this form in order to receive reimbursement.

As a reminder, the Dependent Care FSA can be used to pay for eligible dependent care expenses (daycare, childcare) so you **and** your spouse can work, look for work, or attend school full-time. Covered expenses must be for:

- Dependent children age 12 and under; and/or
- A person of any age whom you claim as a dependent on your taxes and who is mentally or physically incapable of caring for himself or herself.

Eligible expenses include childcare (nursery, preschool or private sitter), before and after-school care, and day camps.

Ineligible expenses include kindergarten tuition, overnight camps, and expenses paid to a tax-dependent. For more information visit www.ProBenefits.com.

Participant Name: _____

Participant Employer: _____

Service Dates of Care Provided: From _____ to _____

Fees: \$ _____

Names of Dependents in Care: _____

Provider Name: _____

SS#/Tax ID#: _____

Address: _____

Signature of Provider certifying all above information is accurate (required):

Signature: _____ Date: _____

Log in to check claim status, view account details and more at www.ProBenefits.com

ProBenefits

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