Mail to:
CBA Blue
P.O. Box 2365
South Burlington, VT 05407-2365
Fax to: (802) 846-1696

CBA Blue

Flexible Spending Account (Section 125) – Dependent Care Expense Claim Form

How to file a claim:

1. Make sure the claim form does not include items for more than one Plan Year. Please use separate forms for items incurred in different Plan Years.
2. Supporting documentation is required. Attach a copy of the bill or signed receipt, or have the provider sign the **Certification of Service Rendered** section located at the bottom of this form.

Employee Information

Last Name: First Name: Mid:

Street Address: Apt./Unit #

Birth Date: / / Marital Status:
month day year

City: State: Zip:

Home Phone: ( ) Alternate Phone: ( )

Email Address:

Employer Name:

Employer Group Number:

Social Security Number:

Dependent Care Expenses (itemize each expense type using a separate line. Use additional forms as necessary)

Dependent's Name	Date of Birth mm/dd/yyyy	Type of Service E.g. Daycare, Day Camp, After School Care	Date of Service mm/dd/yyyy		Request Amount
			From:	To:	$
			From:	To:	$
			From:	To:	$
			From:	To:	$
				Total Expenses	$

Day Care Provider's Certification of Service Rendered

Day Care Provider and Company Name:

Day Care Provider's Address:

Day Care Provider's Tax Identification Number

Day Care Provider's Signature and Title:

I certify that any expenses for which I am requesting reimbursement from my Dependent Care FSA, as itemized above, were incurred by me (and/or my spouse and/or eligible dependents) for dependent care as permitted by the Dependent Care FSA, and have not been reimbursed and I will not seek reimbursement under any other plan. I understand that expenses reimbursed through the FSA program cannot be used to claim any federal income tax deduction or credit. To the best of my knowledge and belief, my statements are complete and true.

Employee's Signature **Date**