DEPENDENT DAY CARE REIMBURSEMENT FORM / ACKNOWLEDGMENT FORM

******THIS FORM CANNOT BE USED FOR MEDICAL EXPENSE REIMBURSEMENT REQUESTS******

Name of Employer:		Daytime Phone (with area code):
Name of Employee (Last, First, M.I.):		Social Security #:
Mailing Address (where reimbursement is to be sent):	City & State:	Zip Code:
Is this a New Address? Yes ☐ No ☐		
*E-mail Address (please print clearly):		

*** You will receive notification by e-mail when your claim is received and another when a payment is sent. You will also receive e-mail notification of direct deposits. Please be sure your e-mail address is legible.***

It is hereby acknowledged by _____ ("Dependent Day Care Provider") that it is in compliance with any and all applicable federal, state and local regulations governing dependent day care centers. The Dependent Day Care Provider further acknowledges that it has billed or received $_____ from _____ (Employee's Name/ "Participant") for dependent day care services rendered for the period of _____ through _____ for the following eligible individuals:

Name of dependent Age

_____

_____

_____

Please provide the following required information for Dependent Day Care Reimbursement:

_____ _____

Name of Dependent Day Care Center or Individual Provider

Tax ID number of Dependent Day Care Center or Social Security Number of Individual Provider

_____ _____ Date: _____

Address of Dependent Day Care Center or Individual Provider

Signature of Dependent Care Center Representative or Individual Provider

I authorize the above expenses to be reimbursed from my Dependent Day Care Account. To the best of my knowledge and belief, my statements on this form are complete and true. I certify that my dependent as defined in Code Section 152 has received the services described above on the dates indicated and that the expenses are valid dependent care expenses under the Plan; that the reimbursement requested will not exceed the applicable earned income limit; and that the expense reimbursement requested meets all other rules and regulations of Code Sections 129 and 21. I understand that the expense for which I am reimbursed may not be used to claim any federal income tax deduction or credit and that the expense has not been reimbursed, nor will be sought, under insurance or any other plan. I understand that the day care provider's name, address and tax ID must be included on my annual tax return by completing Schedule 2 of Form 1040A or Form 2441.

_____ _____

Signature of Employee

Date Signed

Who is a Qualifying Dependent for Dependent Day Care Plans?

- **Your qualifying child,** who is either 1) under the age of 13 and who has the same principal place of abode as the taxpayer for more than half of the taxable year, **or** 2) is physically or mentally incapable of self-care, who has the same principal place of abode as the taxpayer for more than half of the taxable year, and who routinely spends at least 8 hours per day in the taxpayer's home (age restriction does **not** apply).
- **Your qualifying relative,** who is physically or mentally incapable of self-care, who has the same principal place of abode as the taxpayer for more than half of the taxable year, who routinely spends at least 8 hours per day in the taxpayer's home.
- **Your spouse,** who is physically or mentally incapable of self-care, who has the same principal place of abode as the taxpayer for more than half of the taxable year, and who routinely spends at least 8 hours per day in the taxpayer's home.

Visit www.afadvantage.com for more details on qualifying dependents and to access additional claim forms. You may also sign up for an account activation code to view your flexible spending account information. Visit our site for details!

Mailing Address: American Fidelity Assurance, Flex Account Administration, P. O. Box 25510, Oklahoma City, OK 73125

Fax Number: (800) 543-3539. **Average processing time is 5 to 7 working days from receipt of a completed voucher**. **Processing times may vary throughout the year**. American Fidelity will not be responsible for faxes not received.

FlexConnection® Interactive Phone Response Number: (800) 325-0654