BOON-CHAPMAN

SECTION 125 FLEX

DEPENDENT DAY CARE
REIMBURSEMENT REQUEST FORM

Mail, Fax or e-mail claim forms to:
Boon-Chapman
P.O. Box 9201
Austin, TX 78766
(800) 252-9653 Phone
(512) 459-1552Fax
flex@boonchapman.com

A. INSTRUCTIONS

- COMPLETE ALL SECTIONS (B,C, AND D) FOR CHARGES TO BE CONSIDERED FOR REIMBURSEMENT.
- ATTACH RECEIPTS FROM THE DEPENDENT DAY CARE PROVIDER, OR HAVE YOUR PROVIDER SIGN THE AFFIDAVIT BELOW.
- CANCELLED CHECKS, NON-ITEMIZED RECEIPTS AND BALANCE DUES ARE **NOT ACCEPTABLE** PROOF OF EXPENSES.

B. EMPLOYEE INFORMATION

EMPLOYEE SOCIAL SECURITY #	COMPANY NAME	NEW ADDRESS **(CIRCLE ONE)** YES NO	**PLAN YEAR**

LAST NAME	FIRST NAME	EMAIL ADDRESS

ADDRESS	CITY	STATE	ZIP CODE

C. DEPENDENT DAY CARE EXPENSES

IF DAY CARE IS PROVIDED BY ONE OF YOUR CHILDREN, PLEASE PROVIDE THAT CHILD'S AGE:_____

DEPENDENT NAME	DEPENDENT Date of birth	PROVIDER	PROVIDER TAX ID OR SS#	DATE(S) OF SERVICE
	TOTAL $_____			

D. AFFIDAVIT

I have provided adult/child care for (name of dependent)_____ for the period beginning (date)_____ and ending (date)_____. Services were provided to (name of employee) _____ for a fee of $_____.

Provider's Signature:_____ Date Signed:_____

E. CERTIFICATION

I certify that the expense for which I am requesting reimbursement is for Dependent Care as defined by the Internal Revenue Code. Furthermore, I declare that these expenses have been incurred by me and have not been reimbursed from any other source, nor do I expect them to be.

EMPLOYEE SIGNATURE *(REQUIRED)*	DATE

DEPENDENT DAY CARE EXPENSES DEFINED

In general, the Internal Revenue Code [129 (e) and 21(b) (2)] requires that an expense satisfy **each** of the following requirements to be eligible for reimbursement:

1. Expenses will be reimbursed only **after** the care has been provided, and not when you, the participant, are formally billed, charged for, or pay for the dependent care.
2. The expenses must be incurred by you during a period when you have a dependent or spouse who is a qualifying individual which is either:
   * A dependent under age 13 for which you are entitled to an income tax deduction; or
   * A dependent or spouse, regardless of age, who is incapable of caring for him/herself, spends 8 hours a day in your household.
3. The expense must be for the care of the 'qualifying individual', which you incur to enable you (and, if applicable, your spouse) to be gainfully employed.
4. If the expenses are for services provided outside your household, at a Dependent Day Care Center that provides care for at least 6 non-residents, it must:
   * Comply with all state and local laws;
   * Charge a fee for providing the services.

Note: Special rules apply to divorced parents or married individuals living apart [I.R.S. 21(e)].