Cafeteria Benefit Plan

Reimbursement Claim Form

Employee Name_____ Employer _____

Change of Address _____

Dependent Care Expense Claims

*Note: Attach verification from your Daycare provider, or include the Daycare provider's signature.

Name of Dependent(s)	Period Covered		Name of the Service Provider	Requested $ Amount
	From	To		

*The dependent care expense that you are claiming on this form cannot be reimbursed until the ending date of service. IRS requires that the entire expense be incurred before it can be reimbursed. You must also report your provider's tax identification number on Form 2441 when you file your income tax return.	Total Dependent Care Expense Claim*	$
	Provider's Signature:	

Unreimbursed Medical Expense Claims

*Note: Verification for each request must show date of service, description of service provided, charge for service, and the service provider's name.

Date of Service	Service Provider's Name	Description of Service	Person for Whom Expense Incurred	Requested $ Amount	Circle Y if Benny Card Proof
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
			Total Medical Care Expense Claim	$	

Read Carefully: The undersigned participant in the Plan certifies that all services for which reimbursement or payment is claimed by submission of this form were provided during a period while the undersigned was covered under the Company's Cafeteria Plan with respect to such expenses and that the medical expenses have not been reimbursed or are not reimbursable under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid from the Plan which relate to such expense.

✖ _____   _____

Employee's Signature   **Date**

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