FLEXIBLE BENEFIT PLAN
DEPENDENT CARE EXPENSES – CLAIM FORM

EMPLOYER____

(Please print above)

Employee's name ____________________________________ SS#__________________

DEPENDENT CARE EXPENSES____

I hereby file claim for the child or dependent care expenses noted below. I certify that each expense was incurred on the dates and for the persons noted and has not been reimbursed (and is not reimbursable) under any other plan. (***mbi*** participants: I, the participant, further certify that the expense(s) noted below have not been previously paid for by use of my ***mbi*** Flex Convenience® stored value card). **Attached are receipts as evidence of having incurred these expenses during the plan year**. Please note that receipts must come from the day care provider and have the dates of service, a description of the expense, the amount charged and the provider's SS# or Tax ID#.

Care Provided By:	Date Care Provided	Person cared for and Expense	Amount of Expense
____________________	____________________	____________________	$__________________
NAME	____________________	____________________	$__________________
____________________	____________________	____________________	$__________________
ADDRESS	____________________	____________________	$__________________
____________________	____________________	____________________	$__________________
	____________________	____________________	$__________________
____________________	____________________	____________________	$__________________
TAX ID # OR SS#	____________________	____________________	$__________________
		TOTAL	$__________________

I authorize the service provider to release any information requested by the Plan Administrator in connection with this request for reimbursement.

____ ___________________________

EMPLOYEE'S SIGNATURE DATE

Mail This Claim Form To:	**Fax Claim Form To: (Please include cover sheet)**
Flexible Benefit Administrators, Inc.	Flexible Benefit Administrators, Inc.
P.O. Box 8188, Virginia Beach, VA, 23450	Fax Number: 757-431-1155

Please DO NOT mail your claim form if you fax it. Thank you.

Please notify Flexible Benefit Administrators, Inc. if you have a change in address

© Copyright 1991 - Flexible Benefit Administrators, Inc.