STERLING C.U.S.D. #5

Dependent Care Expense Flexible Spending Account Claim Form

MAIL CLAIMS TO:

Butler Benefit Service, Inc.
P.O. Box 3310
Davenport, IA 52808-3310

KEEP A COPY OF THIS CLAIM FOR YOUR FILES!

Employee Name	Employee SSN or Plan ID Number

DEPENDENT CARE EXPENSE INFORMATION (*all information must be filled out completely*)

Name of Dependent Care Provider	Provider Tax ID# or SSN

Dependent Care Provider Address

Dependent Name	Relationship to Insured	Dates of Service	Charges Incurred	Reimbursement Requested
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
		Total Reimbursement Requested:		***$***

Receipts Are Not Necessary If Dependent Care Provider Signs This Section

I certify that the above charges have been incurred by the claimant.

Signature of provider Date

***Dependent Care Expenses - If the amount of the above expenses exceeds the balance in your account, do not resubmit for the unreimbursed portion on this claim. You will automatically be reimbursed as your account balance allows.**

To be included in a scheduled processing cycle, claims must be received at BBSI at least 4 FULL business days beforehand; claims received after this time may be delayed until the next scheduled processing date.

I hereby certify that:

- The information given on this reimbursement form is complete and accurate.
- I have not previously received reimbursement for these expenses from this Flex account or from any other source.
- The total of reimbursed dependent care expenses does not exceed the lesser of my spouse's or my earned income (W-2 Pay) for the year, if less than $5,000.
- Dependent care expenses incurred were to allow myself and/ or my spouse to be employed outside the home. I understand that dependent care expenses reimbursed from the Dependent Care account cannot be claimed as a Child Care Tax Credit on my Federal Income Tax Return.
- All dependent care expenses listed above comply with the requirements and guidelines listed in the Flexible Spending Packet.

Employee Signature (required)	Date