

StLL Flex

S t L L F l e x
Dependent Day Care Reimbursement Account
Claim Form

Claim Form Instructions:

1) Dated copies of receipts from baby sitters, bills from do) care centers, or canceled checks for day care services need to be included with the Claim Form as proof of eligible expenses.

Reimbursement check# will be generated for amounts of \$25 or more.

2) All areas of the Claim Form must be completed for any claim to be processed.

3) If you **have any questions, please call** the Claims Administration Office at (315) 287-2028, or write at:

St. Lawrence-Lewis
 Claims Administration Office
 P.O. Box 300
 Richville, NY 13681

Fill out the following Information:

School District: _____

Employee Name: _____

Employee Social Security Number: _____

Employee Phone Number: _____

Employee Address: _____
 (Street)

_____ (City) (State) (Zip)

Q (Please check here if address has changed)

Office Use Only	Date(s) of Service	Amount	Provider of Service	Provider's Social Security (Babysitter) or Tax ID 0 (Day Care Centers) - Must Be Completed	Claimant Name	Relationship to Employee (i.e. Self/spouse/Child Other-must Specify)

I certify that the expenses for which reimbursement is being requested have been incurred for myself, my spouse, and/or my dependents. Any dependent day care expenses for which I am requesting reimbursement are expenses which have not been reimbursed and are not reimbursable under any other program. I understand that I must provide the taxpayer identification number of the dependent day care provider on my federal income tax return if I am requesting reimbursement of dependent day care expenses, and I will comply with this requirement. My spouse is not claiming reimbursement for the dependent care expenses under any coverage provider by his/her employer.

 (Signature)

 (Date)