

Continual Reimbursement Request

2021 – American Rescue Plan Act

Dependent Care Expenses

Please send completed form and required documentation to National Benefit Services.



1 Personal Information

Employee Name (First Name, Last Name)

Employee Social Security Number (Required)

Employee Street Address, City, State, Zip Code

Name of Person Receiving Service

Employer Name

Employee Email Address

2 Important Information

Completing this form will allow you to set up automatic reimbursements each month during the current plan year for your dependent care expenses.

- Expenses for dependent care may not be reimbursed under the plan prior to the time the services are rendered.
- No reimbursement may be paid for any month in which services are not rendered. It is your responsibility to notify NBS of the cessation or interruption of such services.
- **2021 Annual expense may not exceed \$10,500 per household and \$5,250 if filing individual tax returns.**

3 Continual Reimbursement Request Instructions

1. Completely fill out each section of the first page of this form.
 2. Sign and date the bottom of this form. We are unable to complete your request if the form is not signed.
 3. Submit the completed first page of this form to NBS at the beginning of your plan year.
 4. Retain the second page of this form and save your dependent care receipts.
 5. At the end of the plan year, submit your saved receipts along with the completed second page of this form to NBS.
- Failure to submit receipts at the end of the plan year will make you ineligible to participate in the continual reimbursement program the following plan year.
 - You will need to submit a new continual reimbursement form at the beginning of each plan year if you wish to participate in the continual reimbursement program.

3a Dependent Care Deduction Worksheet

To determine the Total Annual Expense election for dependent care expenses take what you wish to contribute in 2021 (up to \$10,500) **minus** what you have already contributed in 2021 to your Dependent Care account.

1. Enter this number as the Total Annual Expense for dependent care.
2. Divide Total Annual Expense by the number of pay periods left in the year to calculate your pay period deduction. Each pay period's funds will continue to be dispersed immediately after each payroll is submitted to National Benefit Services by your employer.
3. Verify the amount being deducted from your paychecks matches the pay period deduction noted below.

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Total Annual Expense election amount Number of remaining pay periods Pay period deduction

4 Employee Signature

I have reviewed the information on this request form and verify that the information listed above and attached is true and correct. I understand that if any changes regarding the continual payment occur, National Benefit Services must be notified immediately. Failure to do so could result in additional taxes being applicable for which I would be responsible. I also understand that I am responsible for retaining copies of receipts for payment of these expenses per IRS regulations, and they must be forwarded to National Benefit Services at the end of each plan year to be able to sign up for the continual reimbursement program the following year. I also understand that the new limit allowed through the American Rescue Plan Act is only applicable to the 2021 calendar tax year and that contribution amounts may need to be adjusted in 2022.

Employee Signature

Date

Please fax, mail, or email your continual reimbursement form and/or receipts to the following:

Mail: National Benefit Services, LLC, P.O. Box 6980, West Jordan, UT 84084

Fax: (844) 438-1496

Email: service@nbsbenefits.com (PDF, TIFF, or JPG files only)