

Dependent Care Expense Worksheet Continual Reimbursement Form



Personal Information	Employee Name		Company Name	
	Address		Social Security Number	
			Email Address	
Instructions	<p>Your Dependent Care spending account allows you to save money by paying predictable day care expenses with pre-tax dollars. (Only expenses incurred for Day Care which make it possible for you to work are eligible)</p> <ol style="list-style-type: none"> 1. Determine your per pay period election for dependent care expenses <ol style="list-style-type: none"> a. Enter the Total Annual Expense for dependent care b. Determine your yearly number of pay periods = weekly/52, bi-weekly/26, semi-monthly/24, monthly/12 c. Divide the Total Annual Amount by the number of Pay Periods to calculate your Pay Period Deduction [Annual Expenses may not exceed \$5,000 (Married) and \$2,500 (If married and filing individual tax returns)] 2. For continual reimbursement please complete the Continual Reimbursement and Service Provider sections 3. Please send the completed form to National Benefit Services, LLC 4. At the end of each quarter resubmit this form with prior quarter receipts to continue reimbursement 			
Pay Period Election	Total Annual Expense \$ _____ ÷	Number of Pay Periods _____ =	Pay Period Deduction \$ _____	
Continual Reimbursement	<p>Expenses for dependent care may not be reimbursed under the plan prior to the time that the dependent care services are rendered. However, you may be reimbursed under the plan after the services are rendered and prior to the time that the payment is due if those expenses are part of a continual reimbursement request.</p> <p>You may use this form to apply for continual reimbursement. No reimbursement may be paid under the continual reimbursement program for any month in which dependent care services are not rendered. It is your responsibility to advise the plan administrator of the cessation or interruption of such services. Your reimbursement will be paid each payroll period. Receipts for Dependent Care must be received by NBS on a quarterly basis.</p>			
	<p><input type="checkbox"/> YES! Please sign me up for continual reimbursement of my Day Care expense. Your reimbursement will automatically be sent to you after each payroll period.</p>			
	<p>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, NBS 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 copies of receipts for payment of these expenses must be forwarded to NBS quarterly or continual reimbursement will cease.</p>			
	Employee Signature X _____		Date	
	<p>Service Provider Information</p> <p>Care Provider Name _____ Date range of service (Maximum 1 year) From Date _____ To Date _____</p> <p>Address _____</p> <p>I, the undersigned, hereby certify that the above person will/has incurred these expenses.</p> <p>Business ID # or Social Security # _____ Provider Signature X _____</p>			
Quarterly Receipt and Continual Reimbursement Extension	1st Quarter Receipts		2nd Quarter Receipts	
	Dependent Name: _____		Dependent Name: _____	
	Total Receipts: \$ _____		Total Receipts: \$ _____	
	Please continue my continual reimbursement for the next: <input type="checkbox"/> 3 Months <input type="checkbox"/> Other _____		Please continue my continual reimbursement for the next: <input type="checkbox"/> 3 Months <input type="checkbox"/> Other _____	
(Each quarter resubmit this form with the prior quarter's receipts for continued reimbursement)	3rd Quarter Receipts		4th Quarter Receipts	
	Dependent Name: _____		Dependent Name: _____	
	Total Receipts: \$ _____		Total Receipts: \$ _____	
Please continue my continual reimbursement for the next: <input type="checkbox"/> 3 Months <input type="checkbox"/> Other _____		Please complete a new form for the new year		

National Benefit Services, LLC

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