)OH[LEOH 6SHQGLQJ $FFRXQW
&ODLP 5HLPEXUVHPHQW ,QVWUXFWL

&RPSOHWH WKH FRPSDQ\ HPSOR\HH IRUP on the front page (please print/type). NOTE: Please include your e-mail address to receive an automatic e-mail notification whenever a claim is entered into our system and when a reimbursement is approved for you to receive payment

$WWDFK VXSSRUWLQJ GRFXPHQWDWLRQ A copy of a receipt or EOB must accompany this request for each claim submitted for reimbursement. Each claim request must include the following information to be eligible for reimbursement:

- Original date of service (not the date you paid the provider)
- Description of the service performed (refer to list of eligible expenses to identify valid services)
- Provider's name and address (If submitting receipts for dependent care expenses)
- Amount