

## DEPENDENT CARE REIMBURSEMENT ACCOUNT CLAIM FORM

(If all the information is completed on this claim form, no additional documentation is required.)

EMPLOYEE: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ Email: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

☐ Please X if new address

Street/Apt No.

City

State

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DAY CARE PROVIDED FOR: \_\_\_\_\_

This is to certify that I have incurred Dependent Day Care expenses in the amount of \_\_\_\_\_  
for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_.

Signature of Day Care Provider: \_\_\_\_\_

Federal Employer Identification Number or Social Security Number of Day Care Provider: \_\_\_\_\_

Address of Day Care Provider: \_\_\_\_\_

*Please attach receipts to document the above information only if this form is not signed by the provider.*

**REMEMBER** to retain a copy of this claim form for your records

**CERTIFICATION:** I certify the expenses on this Claim Form:

- are accurate and true
- are for a person covered under this Plan
- are eligible expenses which have not been previously reimbursed under this or any other benefit plan
- will not be claimed for an income tax credit.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Benefit Resources, Inc.

4775 E. 91st Street, Suite 100 Tulsa, OK 74137-2805

Phone: (918) 481-6161 1 (800) 339-7493

Fax: (918) 481-6181 • 1-(866) 364-7052

[www.britulsa.com](http://www.britulsa.com)

You may email scanned claims to: [claims@britulsa.com](mailto:claims@britulsa.com)