



# Automatic Dependent Care Reimbursement Affidavit

## I. Employee Information

Your Employer ( )	Your Name
Day time telephone number	Social Security Number

## II. Certification from Dependent Care Provider – this box must be complete

I, the Dependent Care Provider listed below, certify that I will provide the services as listed below.

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

Provider Tax ID # or Social Security # \_\_\_\_\_

Amount per week: \$\_\_\_\_\_ and for how many weeks? \_\_\_\_\_

Date of service beginning? \_\_\_\_\_ and ending on \_\_\_\_\_

**OR**

Amount per month: \$\_\_\_\_\_ and for how many months? \_\_\_\_\_

Date of service beginning? \_\_\_\_\_ and ending on \_\_\_\_\_

EXAMPLE: 1 week @\$250.00 for 16 weeks for summer care or 1 month for \$750.00 for 6 months of daycare.

### Documentation must be attached to verify this submission. We require the following:

- 1) The signature of your day care provider in the above box.
- 2) A bill or statement that notes the name and address of provider.
- 3) List dates of service of the recurring expense (example – Jan 1, 2013 to Dec 31, 2013).

I understand that I can only be reimbursed for services with funds that have been posted to my Dependent Care Account and that reimbursements will be made payable to me with a check or direct deposit. I understand that I am responsible to pay my daycare provider.

I understand it is my responsibility to notify ABS if my daycare situation changes (example- a change in dependent care provider or a change in election amount). My employer is responsible for reporting the amount withheld from my pay for dependent care expenses on my year-end W-2. I understand that I must disclose this amount to the IRS when filing my annual tax return. If I fail to provide accurate information, I understand I may be subject to penalties in the event of an audit by the IRS.

## IV. Certification

I certify that the above reimbursement submission is for expenses incurred for my eligible dependent.

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

Fax to: 860-673-2207  
 Mail to: Advanced Benefit Strategies  
 30 Mill Street  
 Unionville CT 06085

Questions?  
 Call 860-675-2261  
 Toll Free 877-732-8125  
 Or, visit our web site @ **[www.abs125.com](http://www.abs125.com)**