



AMERICAN BENEFITS GROUP

DEPENDENT INFORMATION FOR DEPENDENT CARE

Please complete and return this form to ABG - Please Print

Name: _____ Last Four Digits of SS#: _____

Employer: _____ Email: _____

FSA's can also be established to pay for certain expenses to care for dependents that live with you while you are at work. While this most commonly means child care for dependent children up to age 13, it can also be used for adult day care for senior citizen dependents that live with you, such as parents. It cannot be used for summer camps (other than "day camps") or for long term care for parents that live elsewhere (such as in a nursing home).

Please complete the following dependent information.

Last Name _____ First Name _____ Date of Birth _____

Last Name _____ First Name _____ Date of Birth _____

Last Name _____ First Name _____ Date of Birth _____

Employee Signature

Date

Fax Toll Free: 877-723-0147
or email to processing@amben.com

No Fax Machine?

