



AMERICAN BENEFITS GROUP

DEPENDENT CARE ASSISTANCE PLAN – AUTOMATIC CLAIM REQUEST

Dependent Care plans can 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).

The IRS requires that proof of services be provided to be reimbursed for Dependent Care expenses. By completing this form the participant and his/her day care provider are certifying that the participant is incurring on-going day care expenses. The completion of this form will allow reimbursements to the participant on a per pay period basis. Claims will not be processed if the form is not completed and signed by both the participant and his/her provider.

Participant / Employee Information

Name of Participant: _____ Last Four Digits of SSN: _____
Participant's Employer: _____ Email: _____
Name of Dependent: _____ Date of Birth: _____

Declaration of Services

I request reimbursement for qualified Dependent Care Services for the indicated timeframe.
I certify that the services will be provided between the following dates:

From: _____ To: _____
START DATE OF SERVICES END DATE OF SERVICES

Total Amount for this period is: \$ _____

I agree that if the amount changes for any reason and the expenses are not incurred as scheduled I will notify American Benefits Group in writing immediately.

Employee Signature: _____ Date: _____

Care Provider Information

Provider Name: _____
Federal Tax ID #: _____

Provider Signature: _____ Date: _____

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

No Fax Machine?

Mail to: American Benefits Group, PO Box 1209, Northampton, MA 01061-1209
800-499-3539

