ERISA ADMINISTRATIVE SERVICES, INC. DEPENDENT CARE ASSISTANCE PLAN REIMBURSEMENT CLAIM FORM

PERSONAL DATA (Please Print)

Last				First		MI		SSN (Last 4)	
								XXX	-XX-
Address					City		State	2	Zip
Plan Year			Emai	l					
	□ Y	es 🗆 No							
Home/Cell Phone	Work Phone				Preferred form of contact				
					\Box Email \Box Work Phone \Box H	ome F	hone	□ 1 st	Class Mail

DEPENDENT CARE EXPENSES

Dependent care expenses must be for a dependent who is incapable of self care or under the age of 13 at the time the care was provided.

Name of Dependent	Age	Dates Care Provided		Name, Address, and Taxpayer Identification	Cost for Care Period
		From	То	Number of Care Provider	
Tota			oendent Ca	are Amount Requested	

I provided the dependent care as stated above.

Care Provider's original signature

Date

SSN/Tax ID#

TERMS AND CONDITIONS

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while the undersigned was covered under his/her employer's DCAP with respect to such expenses and that the expenses have not been reimbursed and reimbursement will not be sought from any other source. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, or local income tax on amounts paid from the Plan which relate to such expense.

Emp

Employee's Signature	Date
SUBMIT YOUR COMPLETED CLAIM FORM THR	OUGH YOUR ONLINE PORTAL:
BenefitsbyET.Ll	H1ondemand.com
Mobile App:	BenefitsbyET
EASI GOV FSA	Phone: (505) 244-6000
1200 San Pedro Dr. NE	Toll-Free: (855) 618-1800
Albuquerque, NM 87110	()
Notice: All employees participating in a Section 129	Dependent Care Assistance Plan are required to file

Form 2441 with the IRS by April 15 of the year following your participation in this plan.