Recurring Day Care Claim Form

This form allows you to automate your day care claims. If you make fixed payments to your day care provider for a set period of time you may use this form to receive automatic reimbursement for your day care expenses. This method of reimbursement cannot be used if your payments fluctuate or change during the course of the year. This form is intended to act as the receipt or third party substantiation required for day care claim reimbursement. Reimbursements in accordance with this form will end on the earlier of the Service Date "end date" as indicated below, or the last day of the plan year. You may submit manual claims for other day care expenses not captured here (i.e. summer camps). Do not submit manual claims for the expense detailed below as these expenses will be automatically reimbursed.

Employee Information

Last Name, First Name	**SSN / Employee ID #**
Employer Name	**Email Address**

Service Information

Provider Name	**Provider's Tax ID or SSN#**
Type of Service	**Dependent Name and Age**
Dates of Service (must be within current Plan Year)	**Scheduled Payments**
_____/_____/_____ through _____/_____/_____	$_____ ____ Weekly ____ Monthly

The above information is true and correct.

_____ _____

Provider Signature **Date**

Important

- Expenses must be custodial and should not be educational in nature. Tuition, meals and supplies are not eligible for reimbursement under the Day Care FSA.
- Services must be incurred within your plan year.
- It is your responsibility to submit a new claim form immediately if there is a change in your day care provider, utilization, and/or rates.
- No day care tax credit is permitted for amounts for which reimbursement is made.

Employee Authorization

I hereby certify, understand and agree that I make fixed regular payments to my provider as detailed on this form. I am solely responsible for the sufficiency, accuracy, and veracity of the information related to this form and if payment is made for an improper expense or changes occur such that reimbursement is no longer proper I may be liable for the payment of all related taxes including federal, state or city income tax. I authorize my employer to take any and all steps necessary, including garnishing my wages, to make any corrections under this benefit. I am claiming day care expenses incurred by my qualified dependents as defined by the IRS during the plan year and certify that these expenses have not been reimbursed under this plan or by any other source. I am responsible for keeping all substantiation or documentation in the event of an audit and I further understand it is my responsibility to obtain and report to the IRS the identification of my provider(s) when I file my taxes.

Participant's Signature **X**	Date

Email: claims@naviabenefits.com
Fax: (425) 451-7002 or toll-free (866) 535-9227
Customer Service Line: (425) 452-3500 or (800) 669-3539