

Dependent Care Receipt Form

THIS IS NOT A CLAIM FORM. If your dependent care provider does not give you a receipt, have them complete and sign this form. You may use this for documentation for dependent care expenses paid with your ProBenefits Debit Card, or to get reimbursed for expenses not paid with your card. Log on to your account at ProBenefits.com or on the mobile app to upload requested debit card documentation to the transaction (in Tasks on your account), or submit a reimbursement claim (File A Claim).

As a reminder, the Dependent Care FSA can be used to pay for eligible dependent care expenses (daycare, childcare) so you and your spouse can work, look for work, or attend school full-time. Covered expenses must be for:

- Dependent children age 12 and under; and/or
- A person of any age whom you claim as a dependent on your taxes and who is mentally or physically incapable of caring for himself or herself.

Eligible expenses include childcare (nursery, preschool or private sitter), before and after-school care, and day camps.

Ineligible expenses include kindergarten tuition, overnight camps, and expenses paid to a tax-dependent. For more information visit www.ProBenefits.com.

Participant Information

Name: _____ Employer: _____

Care Provided

Service Dates: From _____ to _____

Fees: \$ _____

Names of Dependents in Care: _____

Provider Information

Name: _____ SSN/Tax ID#: _____

Address: _____

Signature of Provider certifying all above information is accurate (required):

Signature: _____ Date: _____