



Dependent Care FSA Claim Attestation

Instructions

Please use this form to accompany your dependent care claim if you:

- You are enrolled in a Dependent Care FSA; and
- Your dependent care provider does not provide regular receipts.

You may use your Benepass card to pay directly for dependent care services (and attach this form as your receipt), or you may submit this form in lieu of a receipt for reimbursement.

Claims Details

Please provide details regarding your dependent care provider. All fields must be completed.

Your Name	
Dependent Name(s)	
Date of Service	
Amount Charged	
Name of Provider	
Provider Contact Info Phone, Email or Address	

Attestation

To the best of my knowledge, the provided information is complete and accurate. I certify that my dependent care expenses are eligible as defined by the IRS and that I have not been previously reimbursed for these expenses nor am I seeking reimbursement from any other source. I understand that my employer and Benepass, including its agents and employees, will not be held liable if I submit ineligible expenses for reimbursement. I have either obtained or made reasonable efforts to obtain the provider's Tax ID (TIN). I should retain a copy of all submitted documentation in the event of an IRS audit.

Printed Name	Signature	Date