

**DEPENDENT CARE REIMBURSEMENT ACCOUNT CLAIM FORM**  
(If all the information is completed on this claim form, no additional documentation is required.)

EMPLOYEE: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

Please X if new address                      Street/Apt No.                      City                      State

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DAY CARE PROVIDED FOR: \_\_\_\_\_

This is to certify that I have incurred Dependent Day Care expenses\* in the amount of \_\_\_\_\_  
for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_.

*\*School tuition for kindergarten & higher grades is considered an educational expense and is **not** eligible for reimbursement from the dependent day care account. Before-school care and after-school care are eligible expenses. The child must be 12 or under.*

Signature of Day Care Provider: \_\_\_\_\_

Federal Employer Identification Number or Social Security Number of Day Care Provider: \_\_\_\_\_

Address of Day Care Provider: \_\_\_\_\_

*Please attach receipts to document the above information only if this form is not signed by the provider.*

**REMEMBER** to retain a copy of this claim form for your records

**CERTIFICATION:** I certify the expenses on this Claim Form:

- are accurate and true
- are for a person covered under this Plan
- are eligible expenses which have not been previously reimbursed under this or any other benefit plan
- will not be claimed for an income tax credit.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Benefit Resources, Inc.**  
 4775 E. 91st Street, Suite 100                      Tulsa, OK 74137-2805  
**Phone:** (918) 481-6161                      1 (800) 339-7493 (Toll Free)  
**Fax:** (918) 481-6181                      1 (866) 364-7052 (Toll Free)  
[www.britulsa.com](http://www.britulsa.com)  
 You may email scanned claims to: [claims@britulsa.com](mailto:claims@britulsa.com)