

HASKINS LABORATORIES FLEXIBLE SPENDING ACCOUNT CLAIM FOR CHILD/DEPENDENT CARE EXPENSES

I hereby certify that the expenses attached hereto qualify for reimbursements as Eligible Dependent Day Care expenses under the Flexible Spending Account Plan in accordance with the terms of the Plan and guidelines.

(Please print)

Name: _____ Date: _____
Last First

Employee Signature

Total Amount of Claim

Claims must be received two weeks before the Friday pay date.

Dependent Care Expense Claim (For Child Care, Day Care or Babysitting expenses ONLY)

Name of Dependent	Period Covered	Name, Address	Taxpayer ID	Amount incurred
Total Dependent Care Expense Claims				

Enclose the following documentation:

- 1) A copy of the bill or receipt from the provider
- 2) Include name of provider, name of child/dependent and dates and description of service AND enter below the social security number or other taxpayer ID number of the child care provider

Care Provider

Care Provider ID#

Reimbursement cannot be made in advance of services being rendered.

Note: Dependent care expenses must be expenses which qualify under Section 125 of the Internal Revenue Code as expenses for household or dependent care necessary for gainful employment of employee and spouse and which otherwise meet the Guidelines under the Plan. Expenses that are reimbursed under this Plan may not be claimed for purposes of the dependent care tax credit on your federal income tax return; nor may you submit for reimbursed expenses claimed for a tax credit in prior years.