

# FLEXIBLE SPENDING ADMINISTRATION

## Dependent Childcare Annual Request Form 2019 For "Standing Request Reimbursement"

### Employee Information:

Employer \_\_\_\_\_  
Employee \_\_\_\_\_ SSN \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_  
Street City State Zip Code  
Phone Number (\_\_\_\_) \_\_\_\_\_

Eligible Dependents: \_\_\_\_\_  
\_\_\_\_\_

### Daycare Provider Information:

Name \_\_\_\_\_ Tax ID \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip Code  
Phone Number (\_\_\_\_) \_\_\_\_\_

Standard Fee \$ \_\_\_\_\_ per  Week  Month  
 Other\* \_\_\_\_\_  
\*(may require additional information)

Service Effective Date: \_\_\_\_\_ thru \_\_\_\_\_

(Only service dates between **01/01/2019 and 03/15/2020** are eligible for reimbursement during the **2019** plan year. This form must be filled out every year in order to receive standing reimbursement.)

Daycare Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

***I certify that the above information is correct. In the event that there are any changes and/or reductions in the above fees, I will notify Auxiant immediately to discontinue automatic reimbursement until such time that I deliver new documentation for my amended Annual Request.***

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: The total amount claimed under the Plan for any coverage period must not exceed the lesser of your earned income for the plan year or the earned income of your spouse. If your spouse is either a full-time student or is incapable of taking care of themselves, then they are deemed to have monthly earnings of \$200 if there is one (1) child or dependent, and \$400 if there are two (2) or more.) No payment may be made under the Plan if the service provider is your dependent for federal income tax purposes or is your child or stepchild and is under age 19.