



Dependent Care FSA Reimbursement Form



Skip the form! Log into your account at www.myonebridge.com to submit your supporting documentation online.
 To submit a paper form, follow instructions provided below and send to: **OneBridge FSA, PO Box 4391 Clinton, IA 52733-4391**
 For questions, contact us at: **1-888-338-4415**.

Section 1: Participant Information (Please fill out your benefit information below.)

Participant Number or SSN:		Date of Birth:	
Name:			
Address:			Is this a new address? <input type="radio"/>
City:	State:	Zip Code:	
Phone Number:		Email:	

Direct Deposit Information (Please fill out your direct deposit information below.)

Bank Name:	Account type: Checking Savings
Routing Number:	Account Number:

Section 2: Reimbursement Request

- Complete this entire Reimbursement Details section.
- Fill out a separate form for each Dependent Care reimbursement request.
- Acceptable documentation for Dependent Care expenses consists of a bill or receipt showing the following:
 - Provider name and tax ID/social security number
 - Service dates
 - Dependent name
 - Cost of expense
- If no receipt is provided, the Dependent Care provider must certify the expenses by signing below.

Reimbursement Details

Provider Information	Dependent Information	Reimbursement Information
Provider Name:	Name:	Dates of Service: _____ to _____
Tax ID/SSN:	DOB: SSN:	Amount:
Signature of Provider: <small>(Replaces the need for documentation of service.)</small> _____	Relationship to Participant: <input type="radio"/> Spouse <input type="radio"/> Qualifying Child <input type="radio"/> Qualifying Relative <input type="radio"/> Other	Type of Care: <input type="radio"/> Adult Day Care <input type="radio"/> Au Pair <input type="radio"/> Babysitter <input type="radio"/> Before/After school <input type="radio"/> Child Care <input type="radio"/> Family Care Provider <input type="radio"/> Home Aide <input type="radio"/> Preschool <input type="radio"/> Summer Day Camp <input type="radio"/> Other

Authorization (signature required to process reimbursement)

I acknowledge and certify that:

- The information submitted with this reimbursement request is accurate and complete to the best of my knowledge.
- The expenses listed above qualify for reimbursement under applicable IRS regulations and guidance.
- I am requesting reimbursement for my own personal expenses.
- These services have already been incurred.
- I have not and will not seek reimbursement for this expense from any other plan or party, and such expenses are not reimbursable from another source.
- I understand OneBridge Benefits reserves the right to deny a claim if I have not provided substantiation or if there is reason to believe the expense is not qualified as defined under the conditions in my Summary Plan Document or regulatory guidance. In such instance, I may be responsible for reimbursing the plan for such expense.
- I understand that the expenses reimbursed may not be used to claim any federal income tax deduction or credit (such as the Dependent Care Tax Credit). I agree to file IRS Form 2441 with my tax return and provide any required taxpayer identification numbers.

Participant Signature: _____ Date: _____