

Section 125 Flexible Benefits Plan - Dependent Daycare Receipt

Parent's Name: _____

Child's Name	Age

Date of Service: From _____ **To** _____

Fee for Service: \$ _____

Provider's Name: _____

Address: _____

Telephone Number: _____

Tax ID/SSN: _____

Provider's Signature: _____



- Notice to Cafeteria Plan Participant: No payment may be made under the plan if the service provider is your dependent for federal income tax purpose, or is your child or stepchild and is under age 19. The dependent you are claiming must be under age 13 or have qualifying restrictions.

**THIS FORM MUST BE SUBMITTED ALONG WITH A REIMBURSEMENT CLAIM FORM.
 THIS FORM MUST BE COMPLETELY FILLED OUT.**