

Dependent Care Expense Reimbursement Form

Employer Company Name: Email or Home Phone: Address: City:								
					Dependent Name	Relationship	Date of Birth	Date of Care (From/To)
If day care is prov	ided by one of	your children, p	lease give that chil	d's age	Am	nount of Reim	bursement Reque	ested \$
Attach receipts, ca	ancelled checks	s or bills.						
	the Internal R							nses are for my dependent's any other source nor do l
Employee's Signa	ture			Date				

Fax is the preferred means of claims submission. You may

also email or mail this form (with your documentation) to:

Cafeteria Plan Company
PO Box 3684
Corrales, NM 87048
Phone: 505-822-9300
505-247-0568 or 1-866-207-39

fax: 505-247-0568 or 1-866-207-3916 email: kkoss@rsabq.com