EBS-RMSCO, Inc.
Employee Benefit Solutions

Dependent Care Account
Reimbursement Request Form

Clear Form | Print Form

Employer Name: Le Moyne College

Participant First Name | MI | Last Name

Address

City | State | Zip Code

Date of Hire (- -) | Gender | Date of Birth (- -)

Email Address

Social Security Number (include dashes) | Phone Number (- -)

If Your Provider Gives You A Receipt: Complete this section, and attach a copy of the receipt.

Claimant Name	Date of Service Start Date	Date of Service End Date	Provider	Amount	Claim Ref #	EBS-RMSCO Use Only
					01	
					02	
					03	
					04	

OR

If Your Provider Does Not Provide You With A Receipt: Have your Provider complete this section.

Provider Information: Name: _____
Address: _____
City, ST, Zip: _____
Tax Payer ID/SSN: _____

Dependent Care For: Name: _____ Age: _____

Dates of Care: Start Date: _____ End Date: _____

Amount Charged: Amount: $_____

Provider Signature: Signed: _____ Date: _____

Participant Authorization

- I authorize the above expenses to be reimbursed from my dependent care account.
- I certify the expenses qualify as valid dependent care expenses under the terms of the Plan.
- I understand that the copy of my receipt will include Provider name, address, tax ID/SSN, child's name and age, dates of care, and amount charged.
- I understand a qualifying dependent is a child under age 13, who is claimed as a dependent on my federal income tax return (special rules apply for divorced parents), a disabled spouse, and any other dependent on my tax return who resides in my home and is physically or mentally disabled.
- I certify these expenses have not previously been reimbursed and I understand the expenses reimbursed may not be used to claim any federal income tax deduction or credit.
- I agree to file IRS Form 2441 with my tax return and provide any required taxpayer identification number.
- **Mail to:** EBS-RMSCO, Inc., Claims Dept, PO Box 6509, Syracuse, NY 13217; Fax 877 256-7228.
- Call Customer Service with questions at 800-327-7130.

By submitting this form to EBS-RMSCO, Inc., I certify that the information here is true and correct.

Reimb_Dcap