



DEPENDENT DAYCARE CLAIM FORM

SECTION 125 -REIMBURSEMENT ACCOUNT PLAN

TOTAL BROKER BENEFITS

HOW TO FILE A CLAIM

- 1.) Reimbursement can only be made with the submission of one of the following:
 - a. this form completed with the Provider of Care's signature as indicated below; or,
 - b. itemized receipts completed by the Provider of Care attached to this claim form; or,
 - c. cancelled checks attached to this claim form.

2.) **Mail your claim to:** Total Broker Benefits
225 Smith Rd.
St. Charles, IL 60174
Phone: 630-789-2082

Fax: 630-203-4580

Website Submittal and/or E-mail:
www.totalbrokerbenefits.com

ABOUT YOU

Employer's Name _____

Your Name _____

Your Address _____

Phone #/E-mail _____

Your Alternate-ID* or Social Security Number _____

*Your Alternate-ID is assigned by TBB

DEPENDENT INFORMATION

Name:	Date of Birth:

DAYCARE PROVIDER INFORMATION

Name: _____ Social Security/Tax ID#: _____

Date of Service:	Amount:

Provider of Care Signature

PAYMENT AUTHORIZATION

I request payment from my Reimbursement Account for the expenses itemized and attached, and understand that the expenses reimbursed cannot be claimed on my personal income tax return.

Employee Signature _____ Date _____