

**DEPENDENT CARE MEMBER CLAIM FORM**

**Step 1: Participant Information (Required Fields)**

X	X	X	-	X	X	-				
---	---	---	---	---	---	---	--	--	--	--

Participant Name (First, MI, Last)

Last four of Social Security Number

Employer Name

Telephone Number

**Step 2 : Complete all fields. Use multiple claim forms for multiple children**

Childs Name	Date range of services, Including Year	Provider Name & Tax ID Number/SSN	Provider Signature	Amount Requested

**Step 3: Participant Certification** -To the best of my knowledge the provided information is complete and accurate. I certify that the requests I am submitting are eligible expenses as defined by the IRS and that I have not been previously reimbursed for these expenses nor am I seeking reimbursement from any other source. I understand that Benefits Exchange Northwest, including its agents and employees, will not be held liable if I submit ineligible expenses for reimbursement. I understand that I should retain a copy of all submitted documentation in the event of an IRS audit.

Participant Signature

Date

**How to submit your claim:**

1. Write legibly and complete all fields. Failure to complete required fields may result in a denied claim.
2. Make sure your provider has signed the claim form if you are not submitting itemized receipts.
3. Fax, Email, or Mail your completed form with receipt(s) to BEN.

