



181 South Franklin Avenue, Suite 202  
 Valley Stream, NY 11581  
 Ph: (212) 947-4800 ext 215  
 Fax: (516) 620-0789  
 fsa@rpgny.com

**FSA – DEPENDENT CARE CLAIMS FORM**

**Instructions:** Reimbursement are made on the 1<sup>st</sup> and 15<sup>th</sup> of every month for claims submitted in the previous 15 days. Please send this completed form with proper documentation to **RPG Consultants – FSA Department at the address above**. Please keep a copy of all correspondence for your records. Copies of this form are available at [www.rpgny.com](http://www.rpgny.com).

**Documentation:** You must complete this form and attach documentation to ensure timely reimbursement. You should attach receipts, cancelled checks or bills (if available). You must include the Tax ID # or SS# of the provider.

**Eligible Expenses:** Please refer to our website at [www.rpgny.com](http://www.rpgny.com) for more information. You may also e-mail us at [fsa@rpgny.com](mailto:fsa@rpgny.com) with any questions. Your contact information below will be used if there are questions about your claim.

**Employee Information:**

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 SS: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Check one:  Married  Single  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dependent Name	Relationship	Date of Birth	Dates of Care (from/to)	Name/Address of Provider/Facility	Tax ID or SS#	Amount

(Additional expenses should be placed on separate forms. Each form treated as individual claim)

Total Dependent Care Expenses: \$ \_\_\_\_\_

If day care is provided by one of your children, please give that child's age. \_\_\_\_\_

I request reimbursement for the attached expenses under my Dependent Care Expense Reimbursement Expense Account. I certify that these expenses are for dependent care as defined by the Internal Revenue Service. Furthermore, I declare that these expenses have not been reimbursed from any other source nor do I expect them to be.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use Only: Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_ rev. 12/2009