WageWorks®

Dependent Care Account

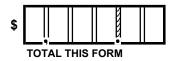
www.wageworks.com

DO NOT USE A FAX **COVER SHEET**



TOLL-FREE FAX: (877) 353 - 9236	COVER SHEET	
Or, mail to: Claims Administrator, PO Box 14053, Lexington, KY 40512	to ensure speedy processing.	
ACCOUNT HOLDER INFORMATION		
Last Name	First Name	
ID Code (last 4 digits)* Employer / Program Sponsor's Name		
Zip Code Birth Month/Day (MM/DD) Email Address (complete	only if new)	
CERTIFICATION AND AUTHORIZATION I certify that the information on this page is accurate and complete. I am requesting reimbursement for work-related dependent care expenses incurred by an eligible		
dependent (for a child under the age of 13 or other dependents that are physically and These services have already been provided and I have not and will not seek reimburs	mentally incapable of taking care of them	selves) while I was a participant in the plan.
acceptance of the WageWorks User Agreement at www.wageworks.com (available up		
Signature of Account Holder X		Date
CLAIMS FOR OUT-OF-POCKET EXPENSES		
	Child care Before/after school	
	Preschool Summer day camp Au pair Senior day care	
Dependent's Name	Other:	
Provider's Name	Service Start Date (MM/DD/YY)	\$ United Processing States of the States of
	Service Glant Balle (WINNEBSTT)	Out-of-1 denct dost
Provider's SSN or Tax ID#	Service End Date (MM/DD/YY)	
Signature of Provider X		Date
Certifies services provided. Not required. Replaces need to	for receipt or other proof of service.	
Dependent's Name	Child care Before/after school Preschool Summer day camp Au pair Senior day care Other:	
Dependent's Name		
Provider's Name	Service Start Date (MM/DD/YY)	\$ Unt-or-Pocket Cost
Provider's SSN or Tax ID#	Service End Date (MM/DD/YY)	
Signature of Provider X Certifies services provided. Not required. Replaces need in	for receipt or other proof of service	Date
Continuo da Franco. Franco de Propinto de Propinto de Production de Production de Science.		

* Your ID Code is the last 4 digits of your Social Security Number, your Employee Number or other reference number assigned by your program sponsor. Please check the enrollment instructions provided by your program sponsor for more information about your ID Code.



YOU MUST HAVE PROVIDER SIGN FORM OR INCLUDE A RECEIPT OR OTHER APPROPRIATE PROOF OF SERVICE FOR EACH AMOUNT ABOVE.

MORE EXPENSES? Complete another form.