YourWay FSA
Powered by ONEBRIDGE

Dependent Care FSA Reimbursement Form

OF02

Skip the form!

Log into your account at **portal.yourwaybenefits.com** to submit your supporting documentation online.
To submit a paper form, follow instructions provided below and send to: **YourWay Benefits, PO 4391 Clinton, IA 52733-4391.**
For questions, contact us at: **1-888-865-1628**.

1 Participant Information (Please fill out your information below.)

Participant Number or SSN: _____ Date of Birth: _____

Name: _____

Address: _____ Is this a new address?: ☐

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Direct Deposit Information (Please fill out your direct deposit information below.):

Bank Name: _____ Account Type: ○ Checking ○ Savings

Routing Number: _____ Account Number: _____

2 Reimbursement Request

- Complete this entire Reimbursement Details section.
- Fill out a separate form for each Dependent Care reimbursement request.
- Acceptable documentation for Dependent Care expenses consists of a bill or receipt showing the following:
  - Provider name and tax ID/social security number
  - Dependent name
  - Service dates
  - Cost of expense
- If no receipt is provided, the Dependent Care provider must certify the expenses signing below.

Reimbursement Details

Provider Information

Provider Name: _____

Tax ID/SSN: _____

Signature of Provider:
(Replaces the need for documentation of service.)

_____

Dependent Information

Name: _____

DOB: _____ SSN: _____

Relationship to Participant:

- ○ Spouse
- ○ Qualifying Child
- ○ Qualifying Relative
- ○ Other _____

Reimbursement Information

Dates of Service: _____ to _____

Amount: _____

Type of Care:

- ○ Adult Day Care
- ○ Babysitter
- ○ Child Care
- ○ Home Aide
- ○ Summer Day Camp
- ○ Other _____
- ○ Au Pair
- ○ Before/After School
- ○ Family Care Provider
- ○ Preschool

Authorization (signature required to process reimbursement):

I acknowledge and certify that:

- The information submitted with this reimbursement request is accurate and complete to the best of my knowledge.
- The expenses listed above qualify for reimbursement under applicable IRS regulations and guidance.
- I am requesting reimbursement for my own personal expenses.
- These services have already been incurred.
- I have not and will not seek reimbursement for this expense from any other plan or party, and such expenses are not reimbursable from another source.
- I understand OneBridge Benefits reserves the right to deny a claim if I have not provided substantiantion or if there is reason to believe the expense is not qualified as defined under the conditions in my Summary Plan Description or regulatory guidance. In such instance, I may be responsible for reimbursing the plan for such expense.
- I understand that the expenses reimbursed may not be used to claim any federal income tax deduction or credit (such as the Dependednt Care Tax Credit). I agree to file IRS Form 2241 with my tax return and provide any required taxpayer identification numbers.

Participant Signature: _____ Date: _____