

Employer

20 Blake Avenue, Lynbrook, NY 11563-2506 Tel: 516 599-2120 • Fax: 516 599-8310

DEPENDENT CARE REIMBURSEMENT CLAIM FORM

Fastest method: Complete a claim via *Online Claim Entry* at www.vantagepointbenefit.com, Account Login. Please complete claim entry online, upload the appropriate backup (.pdf, .jpeg) and submit. If you cannot upload your backup, print the form and fax to 516-599-8310. You will received an automated email when the claim is received.

If you do not have internet access, complete and sign this form and fax with your backup to: 516-599-8310, email to: claims@vantagepointbenefit.com or mail to: VantagePoint Benefit Administrators, Attn: Claims Department, 20 Blake Avenue, Lynbrook, NY 11563. No notification of receipt will be sent.

Employee						
Employee SSN						
Employ	ee Email					
Date of						
Service				Name, Address and Taxpayer		
From	То		Name of Dependent	Identification	Amount Requested	
				Total Amount Requested		
expenses were incurred, in lieu of providing a separate dependent care receipt. I certify that the dependent care expenses shown above are valid:						
Dependent Care Provider Signature Dependent Care Provider Social Security No. / Tax ID Date						
Please Read Carefully: The total amount claimed under the Plan for any coverage period must not exceed the lesser of your earned income for the plan year or the earned income of your spouse. No payment may be made under the Plan if the service provider is your dependent for federal income tax purposes, or is your child or stepchild and is under age 19.						
	-	•	f processing your claim please sign a pint immediately.	and date this claim form and provide notice	of any name or address	
I authorize my account(s) to be reduced by the amount requested. To the best of my knowledge and belief, the statements on this form are complete and true. I am claiming reimbursement for eligible expenses incurred by myself or a tax qualified dependent during the applicable plan year. I certify that these expenses have not been previously reimbursed by this or any other benefit plan will not be reimbursed from any other source and will not be claimed as an income tax deduction.						
Employee Signature:				Date:		