



2010 DEPENDENT DAYCARE CLAIM FORM

SECTION 125 - FLEX REIMBURSEMENT CLAIM FORM

HOW TO FILE A CLAIM

- 1.) Reimbursement can only be made with the submission of one of the following:
 - a. this form completed with the Provider of Care's signature as indicated below; or,
 - b. itemized receipts completed by the Provider of Care attached to this claim form, or;
 - c. cancelled checks attached to this claim form.

2.) Mail your claim to: Sunwest Employer Services
 3707 N. 7th Street
 Suite 300
 Phoenix, AZ 85014

Fax: 602-386-3591
Phone: 602-386-3544

ABOUT YOU

Employer's Name SUNWEST EMPLOYER SERVICES, INC.

Your Name _____

Your Address _____

Social Security Number _____

DEPENDENT INFORMATION

| Name: | Date of Birth: |
|--------------|-----------------------|
| | |
| | |
| | |

DAYCARE PROVIDER INFORMATION

Name: _____ Social Security/Tax ID#: _____

| Date of Service: | Amount: |
|-------------------------|----------------|
| | |
| | |
| | |

Provider of Care Signature

PAYMENT AUTHORIZATION

I request payment from my Reimbursement Account for the expenses itemized and attached, and understand that the expenses reimbursed cannot be claimed on my personal income tax return.

Employee Signature _____ Date _____