PROFICIENT™
BENEFIT SOLUTIONS

Recurring Dependent
Daycare Reimbursement Form

Completing this form allows Proficient Benefit Solutions to automatically enter and post a claim each month to your Dependent Daycare Spending Account. To qualify for automatic reimbursement of recurring Dependent Daycare expenses, your dependent daycare costs per month, must equal or be greater than your monthly payroll deduction. Reimbursements will take place as funds are received from your employer. Actual deposit dates may vary month to month. Proficient Benefit Solutions will not be held responsible for any late charges or overdraft fees related to the timing of this reimbursement. A new recurring dependent care claim form must be submitted at the beginning of each plan year.

Complete and submit by fax or mail to:
Proficient Benefit Solutions, PO Box 380768, San Antonio, TX 78268
FAX: (210) 659-8171

SECTION 1: PARTICIPANT INFORMATION (Please Print)

Name: _____   SSN: _____

Address: _____   Day Phone: _____

City, State, Zip: _____   Employer: _____

Email Address: _____

SECTION 2: PARTICIPANT CERTIFICATION (Please Print)

I certify that I make regular ongoing payments for Dependent Daycare services to:

Name of Daycare Provider: _____

Daycare Provider Tax ID Number: _____

Name of Dependent: _____   Birth Date: ____/____/ ____

The cost of the daycare services I receive from the above daycare provider is $_____ per month, beginning on ____/____ /____ and ending on ____/____/____. (Prior to the last day of current plan year.)

Employee Signature: _____   Date: ____/____/____

SECTION 3: PROVIDER CERTIFICATION (Please Print)

I certify that the information contained in Section 2 is accurate as described.

_____   _____   ____/____/____
Provider Signature   Tax ID   Date

_____
Provider Name (please print)

SECTION 4: DIRECT DEPOSIT AUTHORIZATION (Required for Automatic Reimbursement)

Check One:

Please use my existing direct deposit instructions.
(Set up and manage your direct deposit instructions anytime at Proficient Connect Online at https://proficientconnect.wealthcareportal.com)

Please establish direct deposit for my reimbursements with the bank instructions provided below.
(A voided check is required when establishing direct deposit with this form. To avoid establish on Proficient Connect Online prior to submitting)

I/We authorize Proficient Benefit Solutions to deposit my FSA and/or Dependent Care expense reimbursements to the below bank account and if necessary make adjustments for any reimbursements made in error to my/our account. I understand this authorization will remain in full force and effect until Proficient Benefit Solutions has received written notification to terminate. It is important to note that a change to recurring deposits must be made 5 business days prior to the scheduled deposit to give Proficient Benefit Solutions and the banking institution opportunity to act on the request.

Name(s):_____
(Please Print)

Bank Name: _____ Routing #: _____ Account #: _____

Account Type: _____

Signature: _____ Date: ___/___/ ___

Signature: _____ Date: ___/___/ ___
(Joint account holder, if applicable)

SECTION 5: PARTICIPANT AUTHORIZATION & ACKNOWLEDGEMENT (Please Sign and Date)

I hereby certify that:
- I am requesting reimbursement, based on my employer's payroll cycle, of my qualified Dependent Daycare expenses on a monthly, ongoing and automatic basis.
- I understand the reimbursements will take place automatically and I do not need to submit additional claim forms for this recurring reimbursement.
- I understand the IRS requires I maintain documentation for dependent care expenses and Proficient Benefit Solutions reserves the right to request this documentation.
- I understand if dependent care services stop or the amount changes it is my responsibility to inform Proficient Benefit Solutions in a timely manner.
- I understand that if I leave employment, any payments received in excess of the amount of payroll deductions taken will be considered "overpayments", as described in the plan document, and I will be required to repay those funds.
- I understand that Proficient Benefit Solutions, its agents and employees, will not be held liable if I submit or receive reimbursement for dependent daycare expenses that are not considered eligible* expenses.
- I understand that I am required to have direct deposit set up with Proficient Benefit Solutions to receive automatic reimbursement of Recurring Dependent Daycare expenses.

*An eligible dependent daycare expense must be for care of an eligible dependent by IRS regulations enabling you or your spouse to work or to seek employment. The eligible dependent must be less than 13 years old and living with you. An eligible dependent may also include your mentally or physically impaired spouse, dependent or child living with you and incapable of caring for themselves. Finally, eligible dependent daycare expenses are those not payable by any other benefit plan or program and will not be claimed for credit on an individual income tax return.

Employee Signature:_____ Date: ____/ ____/ ____

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