

## Dependent Care – Pay to Provider

All the information below is required before we can begin paying (print clearly or type)

**The IRS does not allow prepayment of daycare services.  
Payment will be disbursed to provider as services are rendered.**

Employer Name \_\_\_\_\_

Employee Name \_\_\_\_\_

SSN (at least last 4 digits) \_\_\_\_\_ Day-time phone \_\_\_\_\_

Provider Name	
Address	
City/State/Zip	
Phone Number	
E-mail address <small>(used for deposit notification only)</small>	
Tax I.D. Number	
Bank Account Number	
Bank Routing Number	

***Please attach a blank voided check from the daycare provider***

### DEPENDENT CARE EXPENSES

Name(s) of Dependent	Age
1.	
2.	
3.	

### AFFIDAVIT OF DEPENDENT CARE PROVIDER

I am providing adult/child care for \_\_\_\_\_, age \_\_\_\_\_, for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_.

Services were provided by \_\_\_\_\_ for a fee of \$ \_\_\_\_\_.

X \_\_\_\_\_  
**Signature of Provider                      Tax ID# or Social Security #                      Date**

*I, the undersigned, hereby certify that the above listed expenses are for myself or a Federal tax-qualified dependent and have not been previously reimbursed from my Flexible Spending Account, nor are reimbursable from any other source. I hereby authorize Stanley Benefits to obtain necessary information from all physicians, hospitals, daycare providers, employers and all other agents in order to adjudicate the claim for reimbursement under the Benefit Plan established by my employer.*

*I, the undersigned, agree to have my dependent care reimbursement payment made directly to the daycare provider and understand that **it is my responsibility to notify Stanley Benefits when services are no longer being provided.***

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Stanley Benefit Services ✦ P. O. Box 8249 ✦ Greensboro, NC 27419-0249**

Toll-Free Telephone: (877)SBS-FLEX [877-727-3539]

Toll-Free Fax: (877)4-FAX-24-7 [877-432-9247]

# Dependent Care (Day Care) Perpetual Claim Option

Perpetual Claims for Dependent Care Reimbursement may be filed once a year or in advance of service that is received if the payment is sent directly to the Provider of the Day Care Service.

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On the reverse side of this page is a new form to be used for Perpetual Dependent Care (Day Care) Claims.

If you wish to receive reimbursement into your checking account rather than have the reimbursement sent directly to the Day Care Provider, you will need to file periodic claims for reimbursement after service has been received. You may either submit a receipt from the Provider or have the Provider sign the “Affidavit of Day Care Provider” on the standard Reimbursement Request.

The standard Reimbursement Request form is available on our website at [www.stanleybenefits.com](http://www.stanleybenefits.com) – hover over “Account Login” and click on “My Flex”. You need not login in to the site but scroll down to and click on the “Info/Forms” section at the bottom right of your screen.

Download the Reimbursement Request form and follow the instructions.

If you have any questions, please e-mail us at [Flex@stanleybenefits.com](mailto:Flex@stanleybenefits.com) or call us toll-free at the number below.