Employee Benefit Specialists
P.O. Box 11657 Pleasanton, CA 94588 888 327 2770 *fax* 925 460 3929

BILL FROM PROVIDER: FLEXIBLE BENEFITS PLAN FORM / DEPENDENT CARE ASSISTANCE PLAN

This form is for use by participants of a Dependent Care Assistance Plan in lieu of a formal receipt from a care provider. This form must be signed by your provider, completed in its entirety, and attached to a **completed claim form** for consideration as a request for reimbursement from the plan. If you have questions about this form, or about the plan, e-mail EBS at custserv@ebsbenefits.com, or call us at 888-EBS-CSR0 (888-327-2770.)

Employer: _____

Employee/Plan Participant: _____ SSN _____

Street Address _____ Phone _____

City, State, Zip Code _____

1. Name of the person for whom the services are provided:

Name of Child or Children: _____

_____

2. Cost of Services Provided:

Amount Paid per Week / Month / Annually for above named dependents:

$_____ / Week $_____ / Month $_____ / Year

3. Dates of Service

From: _____ /_____ /_____ To: _____ /_____ /_____
(Example: from: 1/1/06 to: 12/31/06)

4. Name of the Person or Organization providing the Service:

_____
Print Name of Day Care Provider Tax ID Number or SSN of Care Provider

_____
Signature of Day Care Provider Date Form Completed

Note: This form needs to be completed once during the period for which the services are provided. If there is any change to the above information a new form must be submitted in its place. A new form must be submitted for any other period not included in the dates of service (3) portion noted above. As a participant in this plan, you are responsible for providing correct information and that the amounts you request for reimbursement for this plan are accurate and for eligible expenses. At the end of each year your W-2 will confirm the amount contributed to this plan, keep all receipts for expenses in case of an audit or request for additional information by the IRS; neither your employer or EBS is responsible to provide you with copies of any receipts.