

- Complete Parts A & B in full.
- Attach bill or invoice and proof of payment in the form of a copy of a cancelled check or paid provider statement for all expenses incurred.
- 3. Submit bills monthly to EHIM, Powered by ProCare Rx, 26711 Northwestern Highway, Suite 500, Southfield, MI 48033

A. Member Information Employee Name:			Date of Birth:		Social S	ecurity #:		
Address:		City:			State:		Zip:	
Email Address:	Home/Cell Phone:		Employer Name	:		Work Ph	none:	
Dependent Name	Date of Birth Relations		ship to Insured	Expenses		Date of Service		
1.				\$	Fr	om	То	
2.				\$	Fr	om	То	
3.				\$	Fr	om	То	
4.				\$	Fr	om	То	
B. IRS Required Information								
Name of Provider:			Caretaker/Pr	ovider Federal	Tax ID # or	Social Sec	curity #:	
Service Location:			Service Loca	Service Location Address:				
Employee Home Other Licensed Facility	:							
Relationship to Caretaker/Provider t	to Employee:							
None Dependent Child (*Age) Parent Other								
*If dependent child is provider of care, mus	st provide age (IRS requir	res depende	ent provider to be at	least 19 years of	age).			
I understand that dependent care experience Federal Income Tax Return.	enses reimbursed from	the Depe	ndent Care Accou	nt cannot be cla	nimed as a	Child Care	Tax Credit on my	
Please sign and date below:								
Employee Signature:				Date:				
Important Information: (please read)							
Qualifying Dependent: A qualifying of dependent or spouse who is physically					tax deduct	on (person	nal exemption), or a	1
Qualifying Expenses: Dependent cathat are incurred to enable you to be g					ervices and	care for qu	ualifying dependents	S
At-home child care	-							

- Household services related to the care of the elderly
- Care at licensed schools
- Daycare centers

Care cannot be provided by an employee's child under age 19 or by any other person for whom the employee or his/her spouse can claim a personal tax exemption.

Note: Dependent care expenses for which you are reimbursed from this plan cannot be claimed as deductions or credits on your Federal Income Tax Return.

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