

DEPENDENT CARE REIMBURSEMENT VOUCHER

Employer: Rhodes College Soc. Sec. # _____

Employee Name: _____

To: Flexible Spending Department

The undersigned participant in the Plan requests reimbursement in the amounts shown below. (Attach itemized bills, receipts, and invoices for all expenses claimed).

- 1. Name of dependent(s): _____
- 2. Period covered: _____ to: _____
- 3. Name, address and taxpayer ID of person providing service:

Amount claimed \$ _____ *

*The total amount claimed under the Plan for any coverage period may not exceed the lesser of your earned income for the plan year or the earned income of your spouse. If your spouse is either a full-time student or is incapable of taking care of him/herself then he or she is deemed to have a monthly income of \$200 if there is one dependent, or \$400 if there are two or more dependents. No payment may be made under the Plan if the service provider is your dependent for federal income tax purposes, or is your child or stepchild and is under age 19. If services were performed at a daycare center, such center must be a fully licensed, state regulated center providing care for more than six (6) individuals. The code allows you to tax exempt up to \$5,000 annually for one or more children if you are a single individual or married filing jointly and up to \$2,500 annually for individuals who are married filing separately.

Read carefully

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while the undersigned was covered under the Plan with respect to such expenses and that the medical expenses have not been reimbursed or are not reimbursable under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim, and that the undersigned may be liable for payment of all related taxes including federal income tax on amounts paid from the Plan which relate to such expense.

Signed: _____ Date: _____

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