

**Cafeteria Benefit Plan**

**Reimbursement Claim Form**

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Plan Name or Employer Name \_\_\_\_\_

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

Change of Address \_\_\_\_\_

**Dependent Care Expense Claims**

Name of Dependent(s)	Period Covered		Name & Address of the Provider of Service	Amount Incurred
	From	To		
			Total Dependent Care Expense Claim*	\$
			Provider's Signature:	

Attach a receipt from your Daycare provider, or include the Daycare provider's signature.

**\*Note:** The dependent care expense that you are claiming on this form cannot be reimbursed until the ending date of service. IRS requires that the entire expense be incurred before it can be reimbursed. You must also report your provider's tax identification number on Form 2441 when you file your income tax return.

**Unreimbursed Medical Expense Claims**

Date Expense Incurred	Name of Service Provider	Expense Description	Person for Whom Expense Incurred	Net Amount
			Total Medical Care Expense Claim	\$

Attach appropriate receipt(s) and submit with this claim form.

**Read Carefully:** The undersigned participant in the Plan certifies that all services for which reimbursement or payment is claimed by submission of this form were provided during a period while the undersigned was covered under the Company's Cafeteria 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 which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid from the Plan which relate to such expense.

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

Date \_\_\_\_\_

**MAIL TO:** R.D. Drenkow & Co., Inc., PO Box 118, Waverly, Iowa 50677  
 or **FAX TO:** 319-352-4018 OR 319-352-2610