

OCCIDENTAL COLLEGE
REQUEST FOR AUTOMATIC REIMBURSEMENTS
FROM EMPLOYEE FLEXIBLE SPENDING ACCOUNT
DEPENDENT CARE - 2020

NAME _____ SSN _____

I request that automatic reimbursements be issued for my recurring dependent care expenses.

The provider of these services is _____
_____.

The provider's Tax ID Number or Social Security Number is _____.

The name of my dependent(s) receiving this service is _____
_____.

The age of my dependent(s) receiving this service is _____.

Attached is third party documentation of my expense showing the nature of the services (e.g., babysitting, preschool tuition, after school care, etc.), the amount charged on an ongoing basis for these services, the provider of the services, and the name of the member of my family receiving the services. Also attached is a statement from my dependent care provider stating the expected effective dates of this recurring expense (beginning and ending dates).

I am requesting reimbursement of \$_____ per pay period for these expenses. I certify that these are eligible, **employment related** dependent care expenses incurred on an ongoing basis and they have not been and will not be reimbursed from any other source, nor will they be claimed as deductions on my personal tax return. I acknowledge that it is my responsibility to notify Cetera Retirement Plan Services if there is any change in my dependent care expenses, or if I am no longer entitled to receive these automatic reimbursements. I further acknowledge that if I fail to notify Cetera Retirement Plan Services of any change in my dependent care expenses, or if I have falsified any information, I am personally liable for any penalties that may be assessed by the Internal Revenue Service or any other source. I understand that this request applies only to the current Plan Year.

Signature

Date