| Dependent Care Provider's Signature (If Individual) |
|------------------|------------------|------------------|
|                  |                  |                  |

<table>
<thead>
<tr>
<th>Provider of Service</th>
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</thead>
<tbody>
<tr>
<td>DCSA</td>
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<table>
<thead>
<tr>
<th>Dependent Care Expenses</th>
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<tbody>
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<table>
<thead>
<tr>
<th>MEDICAL EXPENSES (If necessary, attach additional sheets)</th>
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<thead>
<tr>
<th>Name</th>
<th>Home Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<th>Job or Tax Claims To:</th>
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<tr>
<th>E-mail</th>
<th>Phone</th>
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<th>State</th>
<th>Zip</th>
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<th>Requested Receipt Total</th>
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<tr>
<th>Preexisting Receipt Request</th>
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<tbody>
<tr>
<td>Part of this claim is to be applied to a</td>
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<tr>
<th>Participating Institution (Check ONE)</th>
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<tr>
<th>ICUBA - MEDICAL AND DEPENDENT CARE EXPENSE ACCOUNT</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
DCSA - Dependent Care Spending Account

Toll-free Fax: 866-377-5180
Toll-free Phone: 866-377-5102

Mail or fax claim and expense documentation to:

ICBA
P.O. Box 616927

ICBA
P.O. Box 616927

The claim will be denied:

- If the claim is not submitted within 90 days of the end of the tax year.
- If the claim is not supported by all required documentation.
- If the dependent care provider's name does not match the name on the dependents' Social Security card.
- If the dependents are not eligible for the dependent care benefit.
- If the dependent care provider is not a qualifying individual.
- If the claim is for a benefit not covered by the dependent care benefit.

Health Care Expenses (Medical, Dental, Vision)

Instructions for Completion of Flexible Spending Claim Forms

1. Name of dependent receiving dependent care service
2. Tax ID number or Social Security number of provider
3. Name of dependent service (doctor, dentist, pharmacy, etc.)
4. Date of service
5. Cost of service

Attach original or copies of medical bills, insurance statements, receipts, etc. The documentation must provide the following information of the claim will be denied:

- Attach original or copies of medical bills, insurance statements, prescription drug receipts, cash register receipts, etc. The documentation must provide the following information of the claim will be denied:
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