DEPENDENT DAY CARE REIMBURSEMENT FORM / PROVIDER ACKNOWLEDGEMENT

Name of Employee (Last, First, MI)	**Social Security #**
Mailing Address [ ] *Check here if this is a new address; if so, do you have other AF products? Yes / No*	**E-mail address** **(We will e-mail you to confirm payment made)**
Name of Employer	**Daytime Phone #**

It is hereby acknowledged by _____ (the "Dependent Day Care Provider") that it is in compliance with any and all applicable federal, state, and local regulations governing dependent day care centers. The Dependent Day Care Provider further acknowledges that it has billed or received $_____ from _____ (Employee's Name/"Participant") for dependent day care services rendered for the period of _____ through _____ for the following individuals:

Name	**Age**

Please provide the following required information for Dependent Day Care Reimbursement:

_____
Name of dependent day care center or individual provider

_____
Tax I.D. number of dependent day care center, or social security number of individual provider

_____
Address of dependent day care center or individual provider

_____Date _____
Signature of dependent day care center representative or individual provider

I authorize the above expenses to be reimbursed from my Dependent Day Care account. To the best of my knowledge and belief, my statements in this form are complete and true. I certify that my dependent as defined in Code Sec. 152 has received the services described above on the dates indicated and that the expenses are valid dependent care expenses under the Plan; that the reimbursement requested will not exceed the applicable earned income limit; and that the expense reimbursement requested meets all other rules and regulations of Code Sections 129 and 21. I understand that the expense for which I am reimbursed may not be used to claim any federal income tax deduction or credit and that the expense has not been reimbursed, nor will reimbursement be sought, under insurance or any other plan.

Signature of Employee **Date Signed**

Who is a Qualifying Dependent for Dependent Day Care Plans?

- **Your qualifying child**, who is either:

  Under the age of 13 and who has the same principal place of abode as the taxpayer for more than half of the taxable year, OR;

  Is physically or mentally incapable of self-care, who has the same principal place of abode as the taxpayer for more than half of the taxable year, and who routinely spends at least 8 hours per day in the taxpayer's home (age restriction does NOT apply).

- **Your qualifying relative**, who is physically or mentally incapable of self-care, who has the same principal place of abode as the taxpayer for more than half of the taxable year, who routinely spends at least 8 hours per day in the taxpayer's home, and who does not have gross income.

- **Your spouse**, who is physically or mentally incapable of self-care, who has the same principal place of abode as the taxpayer for more than half of the taxable year, who routinely spends at least 8 hours per day in the taxpayer's home.

Visit www.afadvantage.com for more details on qualifying dependents and to access additional claim forms.

FAX NUMBER: 1-888-243-2638
PHONE NUMBER: 1-800-437-1011
(We are unable to verify receipt of your fax for 1 full business day after it was sent)

MAILING ADDRESS:
AMERICAN FIDELITY ASSURANCE COMPANY
AWD/FLEX ACCOUNT ADMINISTRATION
P.O. BOX 268887
OKLAHOMA CITY, OK 73126-8887

(The day care provider's name, address and TIN must be included on your annual income tax return by completing Schedule 2 of Form 1040A or Form 2441.)