Recurring Expense Service Form (DCAP)

Parlay Benefits

Instructions for Completing This Form:
This form is used to request reimbursement from your Dependent Care Account. Contributions will be reimbursed to you on a per pay period basis. By completing this form, you will not need to provide continuing documentation. Please complete all fields and include appropriate documentation stating your child will be attending throughout the year or specific time frames. **All information must be completed by you and your dependent care facility to receive reimbursement. CLAIMS WILL NOT BE PROCESSED WITHOUT YOUR SIGNATURE AND THE PROVIDER'S SIGNATURE.**

A. Declaration of Services
I request reimbursement for the below listed time frame for qualified dependent care services. **I certify that the services will be provided between the following dates:**

Start Date (mm/dd/yyyy)_____End Date _____

I have included copies of the independent provider's chargers, which will include the total amount of:

Total Amount of Services $_____for the dates provided above.

Note: If you have any changes during the dates referenced above, please notify: Parlay Benefits, LLC at (602)288-8383 or email customerservice@parlaybenefits.com

B. Participant Information

Employer Name (please print) _____

Participant Last Name_____First Name_____Middle Initial _____

Address_____City_____State_____Zip_____

Social Security Number_____Home Phone (___)_____Work Phone (___)_____

E-mail Address (if any)_____

Names of Dependent(s) _____

C. Care Provider Information

Name of Dependent Care Provider_____

Address_____City_____State_____Zip_____
Federal Tax ID _____

D. Signatures

Authorized Signature of Provider_____**Date**_____/_____/_____
mm/dd/yy

Authorized Signature of Participant_____**Date**_____/_____/_____
mm/dd/yy

Please Note: Your total reimbursement amount will be figured on the amount which you have elected for the year based on the amount of payrolls that occur throughout the plan year. For questions regarding your maximum contribution amount, please contact (602) 288-8383.

Parlay Benefits, LLC | 7901 N. 16th St., Suite 200, Phoenix, AZ 85020
Phone 602-288-8383 | customerservice@parlaybenefits.com | www.parlaybenefits.com