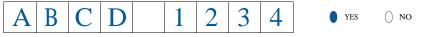
HOW TO REQUEST REIMBURSEMENT FROM YOUR DEPENDENT CARE ACCOUNT

This form is to be used to request reimbursement for dependent care expenses only. To view a detailed list of eligible dependent care expenses, visit **myspendingaccount.adp.com**. In general, and subject to the rules of your employer's plan, the following rules apply to dependent care expenses:

- The individual receiving care must be either a qualifying child or a qualifying relative. (See below for IRS definition of dependent.)
- The individual must be under the age of 13 unless he or she is physically or mentally unable to care for himself or herself.
- The expenses must be incurred so that you and your spouse, if married, can work or your spouse can attend school on a full-time basis.
- Child care or elder care centers must comply with all applicable state and local laws in order for dependent care expenses to be reimbursed.
- The annual amount of dependent day care claims cannot exceed your annual deposit amount up to (a) \$5,000, (b) \$2,500 if married and filing separate returns, or (c) your or your spouse's annual salary, if less than \$5,000.

Step 1: Fill out the form

Please print in capital letters, with your letters centered in the boxes provided and fill in all ovals as shown:



- For Sections 2 & 5: Complete a separate line for each individual expense. Do not lump expenses together.
- Complete all sections of the form. Sign and date the bottom of the form.
- If your expenses exceed the number of lines provided, please use page 3 for additional claims.

Step 2: Attach supporting documentation

• Copy your receipts or other supporting documentation onto a white, letter-sized sheet of paper. Place your receipts so they all face the same direction and write your Social Security Number or employee ID at the top of the page.

Step 3: Submit your form (Faxing is faster)

- By Fax: Send the form and copied receipts together as one fax. Do not include a fax cover sheet.
 By Mail: Place the form and the supporting documentation into an envelope, apply the correct postage, and mail.
- If you provide your e-mail address, ADP will e-mail confirmation we received your form.
- Keep a copy of your completed form and receipts for your records.

Step 4: Receive your reimbursement (Direct Deposit is faster)

• By using Direct Deposit or Electronic Funds Transfer (EFT), you'll receive your reimbursement funds up to five days faster than by check. To sign up, log in to your account at **myspendingaccount.adp.com** and select "Direct Deposit" from the left-side menu.

Type of Supporting Documentation:

The IRS has provided strict requirements stating that expenses reimbursed through a Flexible Spending Account must be substantiated using itemized receipts or provider certification. All supporting documentation must reflect the provider name, provider contact information, dependent name, service dates (begin and end), a description of the service(s) and the expense amount's. Dependent Care claims submitted without proof of expense cannot be approved for payment, per IRS regulations.

IRS Tax Dependent Definition:

Generally speaking, a qualifying child must reside with you for more than half the year and must not provide over half of his/her own support. A qualifying relative is an eligible individual if (1) you provide more than half of the individual's support, and (2) the individual is not a qualifying child of you or any other taxpayer. Please note that any questions regarding the status of an individual as either a qualifying child or a qualifying relative must be discussed with a qualified tax advisor in conjunction with the provisions of your employer's plan.

Questions? Need a list of eligible expenses? Go to myspendingaccount.adp.com or call ADP Customer Service at %, , , !(*-!')' -Page #1

Please Do NOT:

- Use red ink
- Use a photocopy of the form
- Highlight receipts or any part of the form
- Staple your copied receipts to the form
- Write outside the boxes provided
- If faxing, fax the same form more than once
- · Mail the same form that you have faxed
- Include this instruction sheet with your fax
- Submit expenses for multiple plan years on the same form

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USE AN ORIGINAL FORM (NOT A PHOTOCOPY)

Page #2

USE THIS PAGE FOR ADDITIONAL DEPENDENT CARE EXPENSES.

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