



Dependent Care Flexible Spending Account Provider Certification

Log into your account at www.yourflexbenefits.aptia365.com to upload this form and attach it to your Dependent Care FSA claim.

Your Contact Information		
Last Name:	First Name:	EEID or Last 4 of SSN:
Street Address:		Email:
City:	State:	Zip:
Employer name:		

Dependent Day Care Expenses				
Date(s) Services Incurred	Provider Name and Address	Dependent Name	Age	Amount Requested
to				
to				
to				
to				
Dependent Day Care Expenses Total:				

If your Day Care Provider signs below, this form substantiates your Dependent Care FSA claim for reimbursement and no receipt is needed.

Provider Certification Verification	
I certify that the Dependent Day Care expenses listed above were incurred by the dependent(s) named above.	
Provider's Signature: _____	Date: _____

Employee Verification	
I understand that I alone am fully responsible for the sufficiency, accuracy, and veracity of all information relating to claims submitted which I provide for myself and my qualifying child(ren) or qualifying relative(s), as defined by The Working Families Tax Relief Act. I also understand that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, I may be liable for the payment of all related taxes including federal, state or city income tax on amounts paid from the Plan that relate to such expense.	
Participating Employee's Signature: _____	Date: _____

CONTACT INFORMATION

Aptia365 Services representatives are available Monday through Friday
8 am to 9 pm ET.
Phone: (866) 268-0142
Fax: (844) 791-8319
Web: www.yourflexbenefits.aptia365.com