

You may use this form for automatic reimbursement each month if you are required to pay monthly amounts even when you do not require care due to illness, vacation, etc.

**INSTRUCTIONS**

1. Please fill in all fields legibly. Missing information could cause a delay in processing.
2. Check the box below\* to start a recurring claim or to change or stop an existing claim.
3. It is your responsibility to notify Allegiance of any changes in a timely manner.
4. You can fax your completed form to 1-877-424-3539, or complete and save form, login to the portal and file a claim.

Employer Name:	Date:
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Employee Name:	Participant ID:
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<input type="checkbox"/> Start*	<input type="checkbox"/> Change*	<input type="checkbox"/> Stop*
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Dates rates are effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (Please make sure dates are within your current Plan Year)

The provider charges \$ \_\_\_\_\_ per month and TOTAL \$ \_\_\_\_\_ per contract range.  
 (Example: \$100 per month x 12 months total would be \$1,200.00 per contract range.)

Dependent(s) for whom care will be provided: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provider's Name:	Provider's Tax ID Number:
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Provider's Signature: \_\_\_\_\_

Some examples of ELIGIBLE expenses:	Some examples of INELIGIBLE expenses:
<ul style="list-style-type: none"> <li>Day Care Centers</li> <li>Elder Care</li> <li>Family Child Care</li> <li>Day Camps</li> <li>Preschool</li> <li>After School Care</li> <li>Nanny/Au Pair</li> </ul>	<ul style="list-style-type: none"> <li>Meals</li> <li>Overnight Camps</li> <li>Diapers</li> <li>Education expenses, including Kindergarten</li> <li>Incidental fees, such as activity fees and field trips</li> </ul>

Claims are paid with the funds available in your account at the time your payment comes due. Unpaid balances continue to be paid as funds become available.

I certify that stated payment amounts are due to the provider even if absences occur during any billing period.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_