

Dependent Care Bill From Provider Form

Mail completed forms to EBS – Reimbursement Accounts, P.O. Box 850101, Minneapolis, MN 55485-0101 or fax to: 925.460.3929

This form is for those participating in the Dependent Care Account. This form can be used in lieu of multiple receipts from your dependent care provider. For example, you can fill out the form for any amount of time up to the end of the plan year, have your provider sign the form (agreeing to the information you have completed), complete and attach to a claim form and fax or mail it to Workterra. If you use this form, you will not need to send in weekly, monthly or quarterly receipts. Should you change care providers during the year, request another form from Workterra and ask to replace the one on file. This claim will stay on file and as contributions are received by Workterra, payments will be forwarded automatically (either by direct deposit or by a mailed paper check).

This form must be completed in its entirety, signed by your provider and attached to a completed claim form in order to be processed by Workterra. If you need Customer Service assistance, representatives are available from 8AM to 5PM PST, Monday through Friday at 888-604-4632 or you can e-mail Workterra Customer Service at custserv@Workterra.com. Please do not email your claim or include any confidential information, such as your Social Security number, in your email for security reasons.

Employer Name _____

Employee Name _____

SSN _____

Street Address _____

City / State / Zip Code _____

Daytime Phone _____

Name of person for whom services are provided: _____

Cost of Services Provided – amount paid per week / month / year – for all dependents listed above:

\$ _____ per week \$ _____ per month \$ _____ per year

Dates of Service:

From ____ / ____ / ____ To ____ / ____ / ____

(Example – from 1/1/18 to 12/31/18)

Name of the Person or Organization Providing the Service:

Print Name of Provider _____

Tax ID or SSN or Provider _____

Signature of Provider _____

Date Form Completed _____

This form only needs to be completed once during the period of service dates provided. If there is any change to the above information a new form must be submitted in its place. A new form must be submitted for any other period not included in the dates of service portion noted above. As a participant in this plan, you are responsible for providing accurate information including the verification of eligible expenses as well as the amounts requested. **Keep complete copies of all receipts and forms submitted to Workterra for audit purposes.** Workterra is not responsible for providing copies to participants.