

You have access to a Consumer Portal to check your balances and activity detail, view and enter claims and retrieve all communications from us online: <https://epsiparticipant.lh1ondemand.com>



- To file a claim:
1. Complete the form
 2. Attach receipts
 3. Fax, Mail, or Email

Fringe Benefit Group
 2180 NORTH LOOP WEST
 #400 HOUSTON, TX 77018
 PHONE: (877) 227-1020 FAX:
 (512) 222-1399
FSAClaims@fbg.com

**DEPENDENT CARE EXPENSE
 REIMBURSEMENT VOUCHER**

Employer Name	Group No.
Employee Last Name, First	Date of Birth
Street Address, City & State	Zip Code
Phone Number	Employee Identification Number

DEPENDENT CARE EXPENSE (Day Care Only)

Dependent's name	Relationship	DOB	
_____	_____	_____	_____
Dependent's name	Relationship	DOB	
_____	_____	_____	_____
Dependent's name	Relationship	DOB	
_____	_____	_____	_____
Dependent's name	Relationship	DOB	
_____	_____	_____	_____

Attach receipts from provider with the name of the day care provider, address, social security and/or tax ID number, date(s) of care, and amount. If the receipts do not include the information listed, please have the provider complete the following:

Date(s) of care: _____

Day Care Provider Name: _____

Address: _____

City, State, & Zip: _____

Telephone Number: _____

Social Security and/or Tax ID Numbers: _____

Provider Signature: _____ **Date:** _____

Note: Should the amount of the requested reimbursement for Dependent Care exceed the amount available in the participating Employee's Dependent Account, only the Dependent Care Account balance will be paid. Any difference will be processed as Dependent Care contributions are received.

Amount Requested
 \$ _____

Signature

Date

Fringe Benefit Group will rely upon information provided by the Participating Employee, and shall not be liable for the completeness or truth of any information supplied. Fringe Benefit Group shall have no obligation to any Participating Employee for any act, or failure to act, provided Fringe Benefit Group has acted in good faith in the exercise of its powers as Claims Administrator of the Plan. The Participating Employee is responsible to maintain appropriate records and receipts for claims made under provisions of the Plan. Participating Employee may be required to supply proof of claims in the form of receipts or canceled checks. The Internal Revenue Service will also require verification in case of individual tax audit.