Employee's Name _____

Plan Administrator: Westinghouse Savannah River Company

SSN _____ _____ _____ Employee Work Phone (____)_____

Please refer to the instructions on the back of this form to ensure all required documentation is attached.

Flexible Spending Account

Dependent Care Reimbursement Claim Form

FSA Administration
P.O. Box 100237
Columbia, SC 29202
1-800-325-6596

Dependent Name	Sex	Birthdate	Provider Information
1.			Dependent Care Provider Name _____ Address _____ Provider Federal Tax ID No. or SSN _____ Reimbursement Information: Dates of Services From _____ To _____ Amount Requested $ _____
2.			Dependent Care Provider Name _____ Address _____ Provider Federal Tax ID No. or SSN _____ Reimbursement Information: Dates of Services From _____ To _____ Amount Requested $ _____
3.			Dependent Care Provider Name _____ Address _____ Provider Federal Tax ID No. or SSN _____ Reimbursement Information: Dates of Services From _____ To _____ Amount Requested $ _____
4.			Dependent Care Provider Name _____ Address _____ Provider Federal Tax ID No. or SSN _____ Reimbursement Information: Dates of Services From _____ To _____ Amount Requested $ _____

Employee Certification

At the time these services were rendered, I hereby certify that I was, (and my spouse, if married), actively at work, or a full-time student. I also certify that I (or we as a family) am/are not electing more than $5,000 total ($2,500 if married filing separately) for this Plan Year. If I no longer meet the qualifications for this account, I understand that my contributions and participation will cease.

I authorize my Flexible Spending Account to be reduced by the amount of expenses listed above. The expenses incurred by myself or my eligible dependents are not reimbursable from any other source. I understand that these expenses cannot be claimed as credits or deductions on my income tax return. I further certify that I have read and understand the information outlined on the back of this form. The information on this form is true and correct to the best of my knowledge.

_____ _____

Employee Signature Date