



# DEPENDENT CARE - REOCCURRING PAYMENTS

**Sterling can help make reimbursement of these expenses **SIMPLE AND EASY** by automatically paying you each time you have a deposit to your **Dependent Care Account**.**

*Please note: Although you may have elected up to \$5000 toward your dependent care expenses, funds are only available for reimbursement as accrued.*

To get started, you will need to have ready:

- Your Dependent’s Name, Date of Birth and Social Security Number
- Your Providers Social Security Number or Tax ID Number
- A Completed Dependent Care Annual Information Form (Please have your provider sign the bottom.)
- Submit a claim request to Sterling for your full annual Dependent Care Election and attach an image of the completed and signed Dependent Care Annual Information form as documentation.

## DEPENDENT CARE ANNUAL INFORMATION

Employer		Date	
Employee Name			
Employee SSN		Employee DOB	
Dependents	Name	DOB	
Provider Name			
Provider Address			
Tax ID or SSN			
Provider Charges (\$ amount)		Per (day, week, month):	
Rates Effective from(start date)		To (end date)	

Provider Signature \_\_\_\_\_

Employee Signature \_\_\_\_\_