Trustmark
benefits beyond benefits

ANNUALIZED DEPENDENT CARE REIMBURSEMENT FORM
REIMBURSEMENT REQUEST FORM

Phone: 1-877-267-3359 **Fax: 1-866-514-8287**

EMPLOYEE INFORMATION

Name	**Social Security Number (last 4 digits)**	**Name of Employer**
Member ID	**Phone Number**	**Email Address**

To help eliminate the need for multiple reimbursement requests throughout the year, we are offering annualized dependent care reimbursement. By completing this form you will automatically be reimbursed from your dependent care account as funds become available throughout the year. Please note that it is your responsibility to immediately report any changes you may have regarding the information below and a new form is required at the start of every new plan year

Dates of Service	**Name of Dependent Care Provider**	**Caregiver's Address**	**Caregiver's SSN or ID#**	**Amount DUE in Dependent (DAYCARE) Expenses per week:**

DEPENDENT CARE SPENDING ACCOUNT

Dependent #1 Full Name and Date of Birth	
Dependent #2 Full Name and Date of Birth	
Dependent #3 Full Name and Date of Birth	
Dependent #4 Full Name and Date of Birth	

DAYCARE PROVIDER or CARE FACILITY CERTIFICATION	**DAYCARE PROVIDER or CARE FACILITY CERTIFICATION**
I certify that I provided dependent care services as detailed above:	**I certify that I provided dependent care services as detailed above:**
Print Name:_____	**Print Name:**_____
Original Signature:_____	**Original Signature:**_____
Date: _____	**Date:** _____

CERTIFICATION

I certify that the following is true:

1. I have not and will not deduct the above listed expenses on my Federal Income Tax returns.
2. The expenses listed above were incurred by my eligible dependents and qualify for reimbursement

Employee Signature	Date

Submit claim(s) electronically at myTrustmarkBenefits.com or through our convenient mobile app at myTrustmarkBenefits Accounts

Or return this form to:
Attn: myTrustmarkBenefits Spending Accounts
P. O. Box 2968
Clinton, IA 52733
Phone: 877-267-3359
Fax: 866-514-8287
Email address:FlexHB@trustmarkbenefits.com

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