



## MISSOULA COUNTY EMPLOYEE BENEFITS PLAN

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## FLEX DEPENDENT CARE REIMBURSEMENT REQUEST

Use this form to submit claims for eligible Dependent Care expenses. Please complete all fields below and attach an itemized receipt. Expenses must be incurred and paid for prior to submitting your request for reimbursement to the Risk and Benefits Office.

*For medical, dental, vision, and pharmacy Flex claim expenses, please use the [Flex Medical Expense Reimbursement Request Form](#) found at [www.mcebp.com](http://www.mcebp.com).*

Plan Year:

Department:

Daytime Phone#:

Employee Name:

SSN:

Employee Address:

**Direct deposit is available and encouraged. Please reach out to MCEBP if you would like to have reimbursements directly deposited into your bank account. If a paper check is issued it will be mailed to the address on file.**

| Dependent Name(s) | Period Covered |    | Name, Address and Tax ID Number of Provider of Service | Dependent Care Expenses Incurred |
|-------------------|----------------|----|--|----------------------------------|
|                   | From           | To |  |                                  |
|                   |                |    |  |                                  |
|                   |                |    |  |                                  |
|                   |                |    |  |                                  |
|                   |                |    | Total Dependent Care Expenses (Minimum \$10)           | \$                               |

To the best of my knowledge, I certify that the information above regarding dependent care expenses is complete and true. I certify services were necessary for my and/or my spouse's employment and that services were for tax dependent child(ren) under the age of 13 or any elderly/handicapped dependent. I further understand that expenses reimbursed by Flex may not be claimed on my income tax return as an income tax reduction. I authorize my Flexible Spending Account to be reduced by the amount requested.

**Signature**

**Date**

For additional forms, go to [www.mcebp.com](http://www.mcebp.com)