



560 East 200 South, Salt Lake City, UT 84102
801-366-7503 / 800-753-7703 | FAX: 801-366-7772 / Toll-free FAX: 800-759-8772

PEHP FLEX\$ AUTOMATIC REIMBURSEMENT CLAIM FORM/DIRECT DEPOSIT FORM

YOUR INFORMATION

Initial Request Change Request Cancel Request

Your Employer		Email Address	
Your Name (last, first, middle initial)	ID #	Plan Year:	
Home Address		City / State / Zip	Daytime Phone

QUALIFIED DEPENDENT DAY CARE EXPENSES:

PROVIDER	PROVIDER TIN/SSN#	DATES OF SERVICE	DEPENDENT NAME	AMOUNT
TOTAL				

Claims must be for services performed within the Plan Year.

DIRECT DEPOSIT SETUP

EFFECTIVE DATE (mm/dd/yy)	BANK/C.U. ROUTING # (9-digit number)	PERSONAL ACCOUNT # (print your account number as it appears on your check)
_____	_____	_____
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Requests for automatic reimbursement must include a copy of a written contract, statement or agreement letter from the day care provider. The agreement must show: Provider name, address, Tax ID or Social Security number, and anticipated costs for the Plan Year. **You will be required to provide a statement and/or copies of receipts from your day care provider, at the end of the Plan Year documenting the actual costs incurred.** Employee must submit an Automatic Reimbursement Claim form and enroll in the dependent day care program each plan year.

Funds will be paid to you automatically, as they are received by PEHP from your employer. In order to participate in the Automatic Reimbursement Plan, you must sign up for direct deposit. Failure to maintain a direct deposit account will cancel participation in the Automatic Reimbursement Program. You must re-enroll each plan year at www.pehp.org.

Participant Agreement: I, the undersigned, hereby certify that the expenses for which reimbursement is sought herein are expenses that I, the participant believe in good faith are qualified Dependent Day Care expenses during the Plan Year. I understand that if any changes in day care providers occur, I will notify PEHP immediately.

I hereby authorize PEHP FLEX\$ to directly deposit my FLEX\$ reimbursement to the account identified above and by the attached voided check. I acknowledge that this authorization is binding and may only be altered or cancelled upon written notification from me to PEHP FLEX\$.

Sign Here
↓

Your Name	Date	PEHP Approval
-----------	------	---------------

Unsigned forms will not be processed

PLEASE ATTACH A VOIDED CHECK