

**THORNAPPLE KELLOGG SCHOOLS
FLEXIBLE BENEFITS PLAN**

APPLICATION FOR REIMBURSEMENT OF DEPENDENT CARE EXPENSES

THIS APPLICATION MUST BE FILLED OUT COMPLETELY.

1. In order to be eligible for the reimbursement of dependent care expenses, the person who received the care must be your dependent for purposes of the Plan. List the dependents for whom reimbursement is requested:

Name	Age	Relationship to You	Does Dependent Live With You?	Is Dependent Totally Disabled?

2. Type of dependent care expense:

- Child Care while you or your spouse is at work
- Household Services
- Other Care (Explain: _____)

3. Name, address, and taxpayer identification number (or Social Security number of an individual) of person or business providing the dependent care. If the business providing the care is a tax-exempt organization, write "tax-exempt" in the space for the taxpayer identification number:

Taxpayer Identification Number: _____

4. Date(s) dependent care provided: _____

5. Amount of dependent care expense: \$ _____

6. Amount of dependent care expense which has been or you anticipate will be reimbursed by another plan or any other source: \$ _____

7. Is the person who provided the dependent care a relative of yours?

Yes No

If yes, answer the following questions:

(a) How is the person related to you? _____

(b) If the person is your child, how old is he or she? _____

(c) Is the person your dependent for income tax purposes?

Yes No

8. Was the dependent care provided in your home?

Yes No

9. Are you married?

Yes No

If yes, answer the following questions:

(a) Is your spouse employed?

Yes (If your spouse's annual earned income is less than \$5,000, list amount: \$_____)

No

(b) Is your spouse a full-time (at least 5 months per calendar year) student?

Yes (Name of school: _____)

No

(c) Does your spouse have a total disability which makes your spouse unable to care for him or herself?

Yes No

10. I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.

Date

Employee's Signature

Employee's Printed Name

Attach all bills, invoices and receipts relating to the dependent care expense and return with this Application for Reimbursement of Dependent Care Expenses to:

Thornapple Kellogg Schools
Director of Finance & Operations
10051 Green Lake Rd.
Middleville, MI 49333