



Professional Benefit Administrators, Inc.

Dependent Care
Recurring Reimbursement Request
fsa@pbaclaims.com - Email
630-286-4660 - Fax

Send Claims to:
Professional Benefit Administrators, Inc.
P.O. Box 4687
Oak Brook, IL 60522
Phone: (800) 435-5694

Check this box if your address has changed

Employer Name:

Employee Name:
Address:
ID Number:
Daytime Phone Number:

I verify that I make regular, ongoing payments to:

Name of Dependent Care Provider: (Required)
Name of Dependent:
DOB:
Name of Dependent:
DOB:

The charge for their care is \$ per , beginning on .
I authorize Professional Benefit Administrators, Inc. to automatically reimburse me the amount stated above from my Flexible Spending Dependent Care Account.

I agree that if the amount changes or if, for any reason, such as illness or vacation, the expenses are not incurred as scheduled, I will notify Professional Benefit Administrators, Inc. immediately in writing.

This form is only valid for the current plan year.

Signed Employee Date

Provider Verification

I verify that the above charges are accurate as described.
Provider Signature Federal Tax ID Number Date

Please note: The dependent care provider must declare this as income on their tax return.

WOULD YOU LIKE TO RECEIVE ALL FUTURE REIMBURSEMENTS FASTER?
SIGN UP FOR DIRECT DEPOSIT TODAY!

Simply login to your account at www.pbaclaims.com, click on View FSA / HRA / HSA and then "Tools & Support". Under the "How Do I?" section, you will see an option to change your payment method.