

Chipton-Ross Section 125 Claim Form

Send to: Chipton-Ross, 343 Main Street, El Segundo, CA 90245
Fax to: 877-828-7319

Participant Information

Please check if this is a new address

Name: _____
(Last) (First) (M.I.)
 Street: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Daytime Phone: _____

Medical, Dental, or Vision Insurance Premiums

Provider Name	Coverage Period		Requested Amount of Reimbursement
	Month	Year	
Total			

When filing for expenses eligible under your (health, dental, and vision) insurance be sure to attach copies of statements from your insurance company, showing the date of premium and amount paid, a cancelled check, or credit card statement.

Dependent/Child Care Claims When claiming dependent care expense, please provide a written receipt of statement, including date and amount of expense incurred. (Handwritten receipts are acceptable for childcare.) Documentation will not be returned.

Effective January 1, 1989, the I.R.S. requires the dependent child care provider(s) to furnish the provider's current name, address, Tax Identification Number (or Social Security Number) to the tax payer making claim, unless the provider is exempt from federal income taxation as described in I.R.C. Section 501(c)(3). A provider failing to comply with this law is subject to \$50 fine for each such failure unless proven that failure is due to reasonable cause, not willful neglect.

The dependent care information including provider(s) name, address, TIN/SSN is correct to the best of my knowledge. I understand I may incur penalties of perjury if the information is knowingly misstated.

Name of Dependent Receiving Care	Age	Relationship	Provider Name & Address	TIN/SSN	Dates of Care	Requested Amount of Reimbursement

I request reimbursement from my Section 125 Flexible Benefit Plan as listed above and certify that these are legitimate expenses, which I or my dependents have incurred. I understand expenses must qualify as deductible expenses for federal income tax purposes and cannot be reimbursed by any other source or used as a deductible on my personal income tax return(s).

Signature: _____ Date: _____