

1501 BROADWAY SUITE 450 * NEW YORK, N.Y. 10036 TELEPHONE (212) 777-9000

Email to: child1care@sseu371funds.org

CHILDCARE REIMBURSEMENT FORM

MEMBER INFORMATION

Name: _____ SS#: _____ (last 4 digits)

Address: _____

Telephone #: _____ E-Mail Address_____

PAYMENT INFORMATION FOR CHILDCARE SERVICES

Dates of Service from	Name of Provider of Childcare Services	Amount Paid for Childcare Services (include Dependent's Name)
		$_____
		$_____
		$_____
		$_____
		$_____

Claims must be submitted to the Fund no later than one (1) year from the date of service.

Attach supporting documentation showing payment for covered childcare expenses, for example - cash receipts, paid invoices, cancelled checks or credit card statements.

I affirm that the information entered on this form and provided in connection with my claim for childcare reimbursement benefits is true and accurate and hereby agree to indemnify and make whole the SSEU Local 371 Welfare Fund, its successors and/or assigns against any and all liability and/or loss arising as a result of my providing any false or misleading information to or the concealment of any pertinent material information from the Fund. I understand and acknowledge that any failure to provide complete and accurate information may result in the delay or denial of my benefits. I understand and acknowledge that the SSEU Local 371 Welfare Fund reserves the right to request any additional information deemed necessary to make a determination with respect to my claim.

Signature _____ Date _____