

MANATT'S INC.

Flexible Spending Account Claim Form

Dependent Care Expense Report

For Office Use Only

Date Received:

Withholdings:

Employee Name

(Please Print)

SSN:

New Address:

Street Address

City/State

Zip + 4

Check Employer Manatt's: ; MAS: ; Wendling: ; WAMS: ; Illowa: ; Ben Tech:
United: ; Norris: ; L. L. Pelling: ; Pelco: ; Determann:

Medical Expenses

Date of Service	Claim Amount	Expense Type	Provider Name & SSN or Tax ID NO	Dependent's Name(s) and Age(s)
		DC		
		DC		
		DC		
		DC		
		DC		
		DC		
		DC		

Total

Definitions

Incurred - The date your eligible dependent is provided the dependent care services. This date could be different than the date you are billed or the date you pay for the services.

Dates of Care - The date the care was given/incurred.

Dependent(s) Name/Age - Name and age of qualifying dependent(s) under the age of 13.

Provider - Name of the day care facility or individual who is authorized to provide care for your dependent(s).

Tax ID or SSN - Tax ID number of the day care facility or social security number of the individual providing care.

Employee Certification

I certify the expenses for which I am claiming:

- Were incurred by me for the care of my eligible dependent(s) under the age of 13 or for my dependent or spouse 13 years of age or older who is physically or mentally unable to care for him/herself.
- Were provided by a provider other than another dependent living in the same household (for example, care was not provided by an older child to watch a younger child).
- Were incurred during a plan year in which I and/or my dependent(s) were covered under the Plan.
- Will not be claimed as a deduction or credit on any personal income tax return.
- Are eligible according to the terms of the Plan. If I've received a reimbursement for expenses later found ineligible, I will be responsible for taxes or penalties arising from the ineligible expenses.

I certify that I have not been reimbursed for these expenses from this Plan, nor have they or will they be reimbursed by any other source. I further certify that the information I provide on this form is correct.

Mail Form and Receipts to: Manatt's Inc.; Attn. Roni Reeve; P. O. Box 535; Brooklyn, Iowa 52211-0535

PLEASE SIGN:

Date:

(Must be signed by employee)