



Automatic Dependent Care Payment Process

The Automatic Dependent Care Reimbursement Process is a great way to save time and paperwork. This process will allow you to submit one claim for the entire plan year and receive reimbursement as payroll deposits are posted.

To qualify for this service, you must meet the following criteria:

- You incur consistent dependent care expenses throughout the plan year;
- You use the same dependent care provider throughout the plan year;
- You are able to obtain a statement or signature from your dependent care provider in advance of the services.

We encourage you to ask questions if you are unsure about this option or if you would like additional information. Please call (207) 781-8800 or (800)626-3539 and ask for the Reimbursement Team.

If you meet the criteria listed above and would like to enroll, please complete the attached form and send via mail, fax or email along with a completed Reimbursement Request form to:

Reimbursement Team
Group Dynamic, Inc.
411 U.S. Route One
Falmouth, ME 04105
Fax: (207) 781-3841
claims@gdynamic.com



Automatic Dependent Care Reimbursement Election Form

PLEASE NOTE: You must complete a new form each year to participate in the Automatic Dependent Care Payment Process

Employer: **President & Trustees of Bates College**

Employee Name: _____

Employee Phone & Email Address: _____

I have attached a Reimbursement Request form to enroll in Group Dynamic's Automatic Reimbursement for Dependent Care Expenses program. My request form includes:

- Dates of service for expense reimbursement within the Plan Year (example: 01/01/10 through 12/31/10);
- Dependent Care provider name and social security number or Tax ID number;
- Dependent Care provider signature on the form or a receipt or statement with anticipated dates of service;
- Total amount of reimbursement requested which equals my annual election under my employer's dependent care FSA plan.

I understand that I can only be reimbursed for services with funds that have been posted to my Dependent Care account. I understand reimbursements will be made payable to me and will be mailed directly to me. If I have elected Direct Deposit, the reimbursement will be deposited to my bank account (for more information on direct deposit, please see your Human Resources administrator).

I understand it is my responsibility to notify Group Dynamic, Inc. of any changes to this request, such as a change in dependent care provider or a change in my election (which can only be made if I have a qualifying event). My employer is responsible for reporting the amount withheld from my pay for dependent care expenses on my W-2; and I will report my dependent care expenses on IRS form 2441 when filing my annual tax return. If I fail to provide accurate information, I understand I may be subject to personal tax consequences in the event of an audit by the IRS or other governmental body.

Employee Signature

Date