



**Business Solutions**  
Business Simplified

## DEPENDENT CARE (DCAP) AUTOMATIC PAYMENT

To receive your dependent care claim reimbursement on a continual, automatic basis, please complete the form below.

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Daycare Provider Name: \_\_\_\_\_

Federal ID No. / Social Security No. of Daycare Provider: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_

Total Amount to be Reimbursed: \_\_\_\_\_ Period Amount: \_\_\_\_\_  
(Total Dependent Care Costs for Year) (Divide Total Amount by # of Pay Periods)

Specified Amount to be Reimbursed: WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY  
(Please circle one. Note: Must match payroll frequency.)

**DAYCARE PROVIDER SIGNATURE:** \_\_\_\_\_

**EMPLOYEE CERTIFICATION:**

I hereby certify that all items requested to be reimbursed comply with the Flexible Spending Account parameters and such items have not and will not be covered by any other plan or program of any employer or other person. I further attest that such items will not be deducted or taken as tax credits on my personal Federal and State Income Tax returns for the year.

I will also provide all necessary expense receipts for the covered benefits.

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

**Important Notice:** Any changes in daycare provider and/or amount charged for services must be reported immediately to CGI at (888)383-0088.

Mail to: CGI Business Solutions  
Attn: Benefits Admin. Dept.  
5 Dartmouth Drive  
Auburn, NH 03032

Fax to: CGI Business Solutions  
Attn: Benefits Admin. Dept.  
Fax (603) 232-9363  
Toll Free (888) 383-0088