THE UNIVERSITY OF TENNESSEE FLEXIBLE BENEFITS PLAN
DEPENDENT CARE REIMBURSEMENT CLAIM FORM

Employee Name (please print) ____________________________________________

I.D No. or Personnel No. ________________________________________________

Office Telephone Number ____________________________________________

Expenses for Calendar Year 20_____

Claim Information

<table>
<thead>
<tr>
<th>Dates of Incurred Expenses</th>
<th>Dependent Name</th>
<th>Relationship to Employee</th>
<th>Provider Of Service</th>
<th>Amount</th>
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</table>

Total of Reimbursement $ ____________

I hereby certify that all expenses indicated above were incurred by my eligible dependents. I further certify that I have not previously received reimbursement for these expenses from The University of Tennessee Flexible Benefits Plan. I understand that I am solely responsible for the validity of claims submitted for reimbursement and that any expenses reimbursed through the Flexible Benefits Plan cannot be claimed on my personal Federal income tax return.

________________________  ___________________________
Employee Signature                     Date

Provider’s Signature (if no invoice attached)               Provider’s Address

Provider’s Social Security Number/EIN              Provider’s Address

REQUIRED DOCUMENTATION FOR DEPENDENT CARE REIMBURSEMENT

Each dependent care expense claimed on this form must be supported by an invoice or statement which includes:

*Provider of Service  *Provider Address
*Dependent Name      *Dates of Expense
*Amount of Expense   *Provider SSN/EIN

If you do not receive an invoice or statement from your provider, ask the provider to sign the claim form, enter their Social Security Number or Employer Identification Number and address.

DUE DATES

Monthly: Claims must be received in the UWA Payroll Office by the 15th of the month (10th for December).

Biweekly: Claims must be received in the UWA Payroll Office on Monday the week before payday.

Return to:
The University of Tennessee
Payroll Office
P115 Andy Holt Tower
Knoxville, TN 37996-0100
(865)974-5251 (865) 974-3530 fax

Revised 01/2012