

Continual Reimbursement Substantiation Form

Dependent Care Expenses

Please submit form and receipts for the plan year to National Benefit Services using the contact info below.



1 Personal Information

Employee Name (First Name, Last Name)

Employee Social Security Number (Required)

Employee Street Address, City, State, Zip Code

Name of Person Receiving Service

Employer Name

Employee Email Address

2 Continual Reimbursement Receipt Submission Instructions

1. At the end of the plan year, return this form along with your saved receipts to NBS. Failure to submit receipts at the end of the plan year will make you ineligible to participate in the continual reimbursement program the following plan year.
2. NBS recommends using the attached receipt (page 3) to avoid delays in processing your reimbursement.
3. If you would like to provide an alternative receipt, it must come from an independent third-party (not you, your spouse, or your dependent) and must include the following:
 - Date(s) the services were rendered. (Billing, statement, or payment dates are not eligible dates of service)
 - Description of services (Daycare, preschool, etc.)
 - Amount of services
 - Receipt either needs to be on the provider's letterhead or signed by the provider

Please fax, mail, or email your claim form and/or receipts to the following:

Mail: National Benefit Services, LLC, P.O. Box 6980, West Jordan, UT 84084

Fax: (844) 438-1496

Email: service@nbsbenefits.com (PDF, TIFF, or JPG files only)