NEW YORK STATE SUPREME COURT OFFICERS ASSOCIATION
DAY CARE REIMBURSEMENT CLAIM FORM

FOR FISCAL YEAR

APRIL 1, 2009 to MARCH 31, 2010

Name:_____
Last First Middle

Address:_____

Work Location:_____

Work Phone No._____ Social Security No. _____

Name(s) & Age(s) of Qualifying Dependent(s) – (See Below)

Date(s) expense was incurred:_____

Amount of claim:_____

Provider Information – Qualifying Expenses Verification:

Provider Name:_____

Provider Address:_____

Provider Phone No._____ Provider Soc. Sec. No./Tax ID No._____

INFORMATION AND INSTRUCTIONS

Qualifying Dependents: A qualifying dependent is a child **under the age of 13 years** for whom you incur ongoing day care expenses, **a disabled child of any age** for whom you incur day care expenses.

Expense Verification: Please provide some form of expense verification such as copies of receipts, canceled checks, invoices, provider billing statements, etc. to support the expense before reimbursement can be processed. (Requests **will not be processed** without this information.)

Application Submission: You must submit your application together with the necessary documentation to: **Maloney Associates, Inc., 211 Broadway, Lynbrook, NY 11563.** Applications must be received or postmarked by **March 19, 2010.**

To be eligible for reimbursement, you must be in the New York State Supreme Court Officers Association Negotiating Unit on the application deadline date.

I certify that the above stated expenses were incurred to provide child care for my eligible dependent(s) during the time I was actively employed in the New York State Supreme Court Officers Association Negotiating Unit.

Employee Signature Date

NOTE: The total amount of funds available will be divided among the approved applicants from active members in good standing.