

BAC Local #3 NY Buffalo Chapter Benefit Funds

1175 William Street

Buffalo, NY 14206

Phone: (716) 842-1318

Fax: (716) 842-1347

CHILD CARE REIMBURSEMENT FORM

Name: _____

Address: _____

Social Security #: _____ - _____ - _____

Telephone #: () _____ - _____

Name of Dependents

Date of Birth

<u>Name of Dependents</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____

Name of Child Care Provider: _____

Address: _____

Telephone #: () _____ - _____

Federal Tax ID#: _____

I, the undersigned, certify that the above information is correct and that the attached receipts are paid in full to a licensed child care provider covered under the Bricklayers & Allied Craftworkers Local #3 NY Buffalo Chapter Health & Welfare Fund. I understand that any false information and/or falsified documents I provide may subject me to criminal or civil fraud charges and/or larceny. Penalties for fraud offenses may include imprisonment, fines, probation, and restitution.

Signed: _____ Date: _____

FOR OFFICE USE ONLY

CODE 14 : _____

_____ out of \$5,000 per calendar year