

RE: Dependent Care – Setup for Automatic Payments

I am requesting to be reimbursed automatically for dependent care expenses as they occur in the future. I have attached a completed Reimbursement Request form that includes:

- The dates of service within the plan year for which I am requesting reimbursement (e.g., 02/01/07-01/31/08);
- My daycare provider's name and Social Security Number or Tax ID Number;
- My provider's signature or I have attached a receipt or statement with the anticipated dates of service;
- The total amount requested for reimbursement (which should equal my Dependent Care account election for the plan year).

I understand that I can only be reimbursed for services with funds that have been deposited into my Dependent Care account. Checks will be made payable to me and will be mailed to the address that I have indicated on the Reimbursement Request form.

I also understand it is my responsibility to notify Group Dynamic Inc. of any changes to this request for reimbursement, such as a change in my day care provider or a change in my election. I will report the total amount paid for dependent care expenses on IRS Form 2441 when I prepare my annual tax return and my employer will report the amount withheld from my pay for dependent care expenses on my W-2. If I fail to provide accurate information I may be subject to personal tax consequences in the event of an audit by the Internal Revenue Service.

Employee Signature

Printed Name

Employee Phone Number or E-mail Address

Date

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