WATKINS ASSOCIATED INDUSTRIES, INC. PO. Box 1738 • Atlanta, Georgia 30301-1738 • (404) 873-2939

FLEXIBLE SPENDING ACCOUNT (FSA) DEPENDENT DAY CARE REIMBURSEMENT ACCOUNT CLAIM FORM

Name of Employee		Social Security Number		Sex Single Divorce Married Widow		
			3	Date of Birth	M F (Excludin	g Common Law Marriages) y Separated
Name of Spouse Soc. Sec. No. of Spouse		Is Your S Employ		If Yes, Give Name, Ac		
DOB	POSSOF MARKET IN TO	Yes	No			
Day Care Recipien	t Information:				20	
Name of	D	ate of	Thi	if Over 13, Is s Person Capable	Date of Service	
Dependent		Birth		Self Care (Yes/No)	(From/To)	Amount
	r Information: Security) Number:				· · · · · · · · · · · · · · · · · · ·	
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under this plan or o that these reimburs	rom my reimbursement according their source for the incurred ed expenses cannot be claim that any liability which arise	expenses, (med on my (2) have persona	met all requirements t l income tax return.	or eligibility, and (3	understand
Participant Signat	ure:			Date: _	10,74,745	
	ber:					NEW 2003