urbansitter

Out of Network Care Service Reimbursement Form

Please use this form to request reimbursement for payments made to an Out of Network Care Provider, which is any care service provider that is not available to be booked on the UrbanSitter platform and is not subject to the Terms, including, but not limited to, the Care Provider Requirements. Fill out all the fields to ensure your claim can be processed. Any errors or omissions may result in delayed processing and form resubmission may be required.

Employee Name:_____

Employer:_____

Care Provider's Name:_____

Date of Care: _____ Receipt Provided:_____

Start Time:_____ End Time:_____ Total Hours:_____

Rate per hour:_____ Tip:_____ Total Amount Paid:_____$(USD)__

Please select one type of care below (a separate form is required for additional transactions):

- [x] Children - In-home childcare
- [ ] Children - Daycare
- [ ] Children - Camps
- [ ] Children - Preschool
- [ ] Tutoring
- [ ] Elder Care
- [ ] Pet Care
- [ ] Household Services

Instructions

1. Book your preferred Out of Network Care Provider
2. Pay the provider directly for services rendered. Retain the receipt, if available, to submit along with your form.
3. Submit this form to reimbursement@urbansitter.com within 60 calendar days of the care service. Exceptions must be pre-approved by your HR team.
4. Once your request is approved, you will be sent a link to set up a Stripe Connect account. This allows you to securely connect an external bank account to receive your reimbursement. This step is not required if you already have a Stripe Connect account with UrbanSitter.
5. You will receive your ACH reimbursement to your external bank account via Stripe Connect 2-4 calendar weeks after the form is approved and your Stripe Connect account set up is complete.
6. Your reimbursement amount will be limited to either the maximum reimbursement amount or the balance remaining on your Care Credit Allowance (if applicable).

Certification: I understand that in order to process this reimbursement UrbanSitter must use the information I have provided on this form, which use is subject to UrbanSitter's Privacy Policy. I understand that I assume all risk when using Out of Network Care Providers and that I am solely responsible for selecting, vetting, engaging, scheduling, making payment to and otherwise interacting with my Out of Network Care Provider. I acknowledge that neither my employer nor UrbanSitter, Inc. (UrbanSitter) have any knowledge concerning the employment status or qualifications of my Out of Network Care Providers. I agree to release and hold harmless UrbanSitter, its affiliated parties, and my employer from any claims, demands, damages, liability, costs or expenses, of every kind and nature, known or unknown, suspected or unsuspected, disclosed or undisclosed, arising out of or in any way connected with my use of an Out of Network Care Provider. I certify that to my knowledge, the information provided in this form is accurate and complete. I have confirmed that the expense is for qualified services from a care provider that meets the guidelines communicated to me by my employer. I have not received reimbursement for this expense before and am not expecting reimbursement for this expense into any other account. I understand that I may be audited for compliance with my employer's guidelines and that non-compliant requests may be communicated to my employer.

Employee Signature:_____ Date:_____