



Dependent Care Contract

PARTICIPANT INFORMATION *(to be completed by participant)*

Participant Name
Employer Name
Employee ID

Dependents For Whom Care Will Be Provided <i>(eligible for children 12 and under)</i>	Date of Birth

DAYCARE PROVIDER CERTIFICATION & INFORMATION *(to be completed by daycare provider)*

Daycare Provider Name	Tax ID
Provider Rate <input type="checkbox"/> Annually <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
Other <i>(please describe fees)</i>	
Rate Start Date	Rate End Date
Provider Signature	Date

Examples of Eligible Dependent Care Expenses	Examples of Ineligible Dependent Care Expenses
<ul style="list-style-type: none"> Daycare Centers Nanny Services Family Childcare Day Camps Preschool After School Care Elder Care 	<ul style="list-style-type: none"> Transportation Fees Meals Overnight Camps Diapers Educational Expenses Kindergarten Misc. Fees (activity fees, field trips, etc.)

PARTICIPANT CERTIFICATION

I understand that reimbursements will be limited to my annual salary reduction and are only available for the amount that has been withheld at the time a reimbursement is made for services that have already been incurred.

I understand and agree that I am obligated to inform TASC in writing if the amount charged for the dependent care services change, the service is terminated, or if there is any reason the expenses are not incurred. Failure to notify TASC will jeopardize the tax-free nature of my reimbursements, making it necessary to repay the Plan with after-tax dollars.

Signature	Date
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Please fax or mail completed forms to:
 Total Administrative Services Corp (TASC) | PO BOX 7511 | Madison, WI 53707-7511 | Phone: 877-933-3539
 Fax: 877-231-1287 | TC-5521-121515