FlexSystem Dependent Daycare Contract

A new contract is required at the start of each new plan year. Use this form to substantiate Dependent Daycare expenses. Submit a copy with each Request for Reimbursement Form.

1 – PARTICIPANT INFORMATION	
Participant Name	
Participant 12-digit TASC ID	

2 – DEPENDENT INFORMATION			
Dependent Name		Age	
Dependent Name		Age	
Dependent Name		Age	

3 – PROVIDER CERTIFICATION & INFORMATION				
Provider Name			Tax ID	
Provider Address				
I certify the total cost of qualified adult/child care services below have been provided during the period indicated for the dependents on this form.				
TOTAL AMOUNT	The total cost of qualified service is $			
DURATION (circle one)	Weekly Monthly Annual Other			
SERVICE PERIOD	Start Date		End Date	
Provider Signature			Date	

4 – PARTICIPANT CERTIFICATION			
I understand that reimbursements (a) are limited to my Dependent Care Account annual salary reduction plus any employer contributions (if applicable) to my Dependent Care Account, (b) may not exceed my Dependent Care Account year-to-date available balance at the time of the reimbursement request, and (c) are for services already incurred. I understand and agree that I must inform TASC in writing (a) if the amount charged for the dependent care services changes, (b) if the service is terminated, and/or (c) of any reason the expenses are not incurred. If I fail to notify TASC I jeopardize the tax-free nature of my reimbursements, and will be required to repay the Plan with after-tax dollars.			
Participant Signature		Date	