



## DEPENDENT CARE CONTRACT

### PARTICIPANT INFORMATION (to be completed by participant)

Participant Name:	
Employer Name:	
Employee Number/ID:	
<b>Dependents for Whom Care Will Be Provided (child under 13, spouse, or adult dependent unable to care for self)      Date of Birth</b>	

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

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

Examples of Eligible Dependent Care Expenses	Examples of Ineligible Dependent Care Expenses
Daycare Centers Nanny Services Family Childcare Day Camps Preschool After School Care Adult daycare Day nursing care	Transportation Fees Meals Overnight Camps Diapers Educational Expenses Kindergarten/school tuition Misc. Fees (activity fees, field trips, etc.) Summer School

### 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 of Plan Participant:		Date:	
--------------------------------	--	-------	--

TASC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-608-316-2408.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 1-800-947-3529).

**Please fax or mail completed forms to:**

Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511

Phone: 844-786-3947 • Fax: 877-231-1287

SW-5533-071117