



Two Simple Options

Review your choices below, then visit partners.tasconline.com/stanford to download a form.

1 Reimbursement Form

Use this form to request reimbursement for occasional or non-recurring dependent care expenses.

- Enter your 12-digit TASC ID
- Below STANFORD UNIVERSITY, enter your name, address, apartment or unit number (or leave blank) and City/State/ZIP
- Enter the dates of service for the care provided
- Enter the amount paid for the care provided for those dates
- Enter the dependent's name(s)
- Indicate how the request will be verified: receipts from the provider, or with the provider's signature (in lieu of receipts)
- Sign and date the form
- Fax the form and receipts (if applicable) to 877-233-5217 or mail a copy of the form with copies of your receipts to TASC, PO Box 7308, Madison WI 53707-7308

2 Dependent Care Contract

If you will be using the same provider for the entire year, complete this form (once) when you start incurring expenses to automate your reimbursements.

Page One

Individual/Participant Information:

- Enter your name, address, etc. and 12-digit TASC ID

Dependent Information:

- Enter the names (first and last) and ages for all dependents receiving care

Page Two

Provider Certification:

- Enter the provider's name, Tax ID and complete address
- Enter the total amount for the request*, the duration of the contract, and the service period start and end dates
- Give the form to your provider for them to sign

Participant Certification:

- Sign and date the contract

Fax to 877-233-5217 or mail to TASC, PO Box 7308, Madison WI 53704

* You will not be reimbursed more than what you contribute to the plan.

Questions? Ask your employer or contact your Plan Administrator:
TASC • partners.tasconline.com/stanford • 1-855-842-4913

