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FSA Daycare Contract

Employer: _____ Date: _____

Employee Name: _____

Employee ID No.: _____
(First initial, last name, last four digits of SS#)

Dependents for whom care will be provided (First and last name; separate multiple names with commas):

_____

The provider charges $ _____ ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Hourly *

☐ Other: _____

Rates are effective (start date): _____ to (end date): _____

Provider's Name: _____ Tax ID No. _____

Provider's Signature: _____

Examples of **Eligible** Dependent Care Expenses

- Daycare Centers
- Family Childcare
- Preschool
- Nanny Services
- Elder Care
- Day Camps
- After School Care

Mail, fax, or email your completed contract to the address shown below.

This contract eliminates the need for any further documentation. You can simply submit your claim form, which can be found on our website. When filling out your claim form, please note that you have a contract on file with us.

If your provider charges weekly, bi-weekly, or monthly, and you would like your claim to be set up on recurring status please check the "recur" option on your claim form. Recurring claims only need to be submitted once each plan year, or until your contract expires. If you choose the recur option, our software will automatically generate a payment each time a payroll deduction is made.

Important: A new Dependent Care Contract needs to be completed each plan year, or when your contract ends, on the date shown above.

*Hourly claims cannot be set up as recurring.

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