



EMPLOYMENT INFORMATION

Employer Name	Date
Employee Name	SSN

DEPENDENT/PROVIDER INFORMATION

Dependents for Whom Care will be Provided *(First and Last Names; 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	SSN or Tax ID Number
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Provider's Signature	Date
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EXAMPLES OF ELIGIBLE & INELIGIBLE EXPENSES

Eligible Dependent Care Expenses

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

Ineligible Dependent Care Expenses

- Meals
- Diapers
- Kindergarten
- Misc. Fees
(i.e., Activity Fees, Field Trips)
- Transportation Fees
- Overnight Camps
- Educational Expenses

ADDITIONAL INFORMATION

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 DCA 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.

Hourly Claims can not be set up as recurring.