

Dependent Care Contract

This contract will serve as your ongoing receipt for the dates specified below within the current plan year. This must be renewed for any future plan years by submitted a new contract.

Step 1: Participant Information

Employer Name (please do not abbreviate)

Participant Full Name	Phone Number	Social Security Number	Email Address
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Participant Mailing Address	City	State	Zip
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Step 2: Dependent Information

Dependent's Name	Dependent's Date of Birth
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Dependent's Name	Dependent's Date of Birth
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Step 3: Rate information

The day care provider (printed name) _____

Charges a set amount per **Week / Bi-Weekly / Monthly** Other _____

This rate begin on: _____

and ends on : _____

Dependent Care Provider Signature	Date	Employer Tax ID #
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Please set up a reoccurring claim amount of \$ _____ each

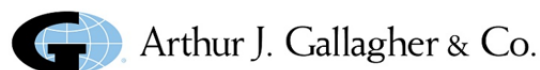
- Week
- Bi-week
- Month
- Other _____

Step 4 Participant Verification

For my Dependent Care Account, I have obtained or made reasonable efforts to obtain the provider's Tax ID (TIN) and I will include the TIN on IRS Form 2441 which I must attach to my federal income tax return. If there are any changes in the provided information, I understand it is my responsibility to notify GBS Administrators. By submitting this form I certify the above. I also understand that I should retain a copy of all submitted documentation in the event of an IRS audit.

Participant signature

Date



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