



Dependent Care Contract for Recurring Reimbursement

Important: All areas of form must be completed.

EMPLOYEE INFORMATION (please print)		
Employee Name	Employer Name	Employee Social Security Number
Address, City, State, Zip		Phone Number
Email Address	Address Change? <input type="radio"/> No <input type="radio"/> Yes	

DEPENDENT CARE INFORMATION	
<p>IRS code section 129 states that reimbursement for expenses cannot occur before services are provided. However, you may be automatically reimbursed for ongoing services as they occur. For recurring reimbursement of dependent-care funds as soon as they are deducted from your pay check, you must complete this form and submit it with a signature from the provider. You will also need to complete a new Dependent Care Contract each plan year or when your contract ends on the date shown below.</p>	
Dependents for whom care will be provided (<i>first and last name, eligible for children 12 and under</i>)	Date of Birth

DAYCARE PROVIDER INFORMATION (To be completed by daycare provider)	
Daycare Provider Name	Provider Tax ID
Provider Rate	<input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Monthly
<input type="radio"/> I certify the qualified adult/child care services below were provided during the period indicated for the dependents on this form.	
Contract Start Date (during plan year)	Contract End Date (during plan year)
Provider Signature	Date

Examples of Eligible Dependent Care Expenses	Examples of Ineligible Dependent Care Expenses
<ul style="list-style-type: none"> • After School Care • Daycare Centers • Family Childcare • Preschool • Day Camps • Elder Care • Nanny Services 	<ul style="list-style-type: none"> • Diapers • Kindergarten • Misc. Fees (i.e., activity Fees, field trips, etc.) • Overnight Camps Transportation Fees • Education Expenses • Meals

PARTICIPANT CERTIFICATION	
<p>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.</p> <p>I understand and agree that I am obligated to inform BPAS in writing if the amount charged for the dependent care services changes, the service is terminated, or if there is any reason expenses are not incurred. Failure to notify BPAS will jeopardize the tax-free nature of my reimbursement, making it necessary to repay the Plan with after-tax dollars.</p>	
X _____	_____
<i>Participant Signature</i>	<i>Date</i>

Submit completed contract to BPAS | Suite 1250, 820 Gessner Road | Houston, TX 77024 | fax: 866-254-2942
Need help? Call us toll free at 1-866-401-5272