



Dependent Care Contract

Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name \_\_\_\_\_

Employee SSN# \_\_\_\_\_

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: \_\_\_\_\_ SSN or EIN \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

Examples of Eligible Dependent Care Expenses

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

Examples of Ineligible Dependent Care Expenses

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

**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 Dependent Care Contract to E Benefits Administration via email to [claims@ebenefitsadministration.com](mailto:claims@ebenefitsadministration.com) or Fax: 888-876-1058 or Mail to E Benefits Administration PO Box 190466, Boise, ID, 83719-0466. Our software will automatically generate a payment each time a payroll deduction is made; make sure you are set up for direct deposit reimbursement for quicker reimbursement; a form is located on our website; [www.ebenefitsadministration.com](http://www.ebenefitsadministration.com)

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.