

HRPro

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Dependent Care Contract

This is not a claim form. You will still need to submit an online or paper claim to request reimbursement for services. This contract will serve as your ongoing receipt for the dates specified below.

Employer:					Da	ate:			
Employee Name:					SS	SN:			
Dependents for whom o	are will be	provided (list	name	and current	age	of depe	ndents)		
Name of Dependent						Age			
Type of Care:									
Adult Day Care	Day Camp				Nursery School Tuition**				
Child Day Care*	Before/After School Care*				Preschool Tuition				
* Please note: childcare is ** Please note: K-5 tuition		-	_		nt Ca	re FSA			
Some examples of ELIGIBLE expenses :				Some examples of INELIGIBLE expenses:					
Day Care Centers Elder Care Family Child Care Day Camps	Preschool After School Nanny / Au F		Mea Ove Diap	Transportation Fees Meals Overnight Camps Diapers Tutoring			Educational expenses, including Kindergarten Incidental fees: such as activity fees and field trips		
Provider information:						I			
This provider charges a set amount of		\$	Per	Week		☐ Bi-Weekly		☐ Monthly	
				Hour		Oth	er:		
Rates are effective for:		1 1		to	/ /				
Provider Name:	Та				Tax ID:	Tax ID: #			
Provider Signature:							<u>'</u>		
Set up a recurring claim amount* of *for current plan year only		\$	Each	☐ Week		☐ Bi-Week ☐ Month			

Once HRPro has your Dependent Care Contract Form on file, you will not need to continue submitting daycare receipts with your claim submission (if the recurring claim box is checked above). Simply provide the information in your online claim or on a claim form, indicating the dates of service, name of the dependent, and amount paid. Also, please indicate in your claim submission that you have a contract on file.