FLEXSYSTEM DEPENDENT CARE CONTRACT

A NEW CONTRACT IS REQUIRED AT THE BEGINNING OF EACH PLAN YEAR

CLIENT NAME: THE MCCLATCHY COMPANY

CLIENT ID: 4701-9830-5604

PARTICIPANT NAME: _____

PARTICIPANT ID: _____

DEPENDENT NAME(S): _____

PROVIDER NAME: _____

ADDRESS: _____

PROVIDER TAX I.D. # OR SSN #: _____

*****Please include work related expenses only*****
*****Do not include your vacation or other non-work related expenses*****

PLAN YEAR COST $: _____
(Please list **TOTAL** of Plan Year Dependent Care expenses even if the amount exceeds Calendar Year maximum)

PLAN YEAR: _____
(Please list the dates of the current Plan Year)

PLEASE SPECIFY WHAT DATES WITHIN THE PLAN YEAR WILL BE CONTRACTED WITH THE NOTED PROVIDER:

____/____/____ - ____/____/____ $ _____

____/____/____ - ____/____/____ $ _____

____/____/____ - ____/____/____ $ _____

(Please see examples on reverse for detailed instructions on completing this portion of the contract)

The above information is true and correct.

_____ _____

Signed by School Representative/Private Individual Date

Please keep in mind the following when completing your Dependent Care Contract:

- The actual expenses need to be incurred within the PLAN YEAR coverage dates.
- Dates of Service are when the actual service was rendered, not the bill date or pay date.
- Please include work-related expenses only. Do not include your vacation or other non-work related expenses.
- Whenever there is a change in your dependent care provider or rates, **it is *your* responsibility to keep us informed of these changes and submit a new contract to TASC immediately.**
- This information, when signed, will cover your dependent care receipts (for the contract amount) for the **CURRENT PLAN YEAR.** Should your amount, school or private care provider change, **a new contract must be submitted immediately.**
- **This contract does not authorize or initiate an election change.** If a change to the amount of your election is needed, please contact your employer.

I understand, by endorsing any reimbursement checks,
I confirm the dependent care expenses, for which the checks are issued, have been incurred.

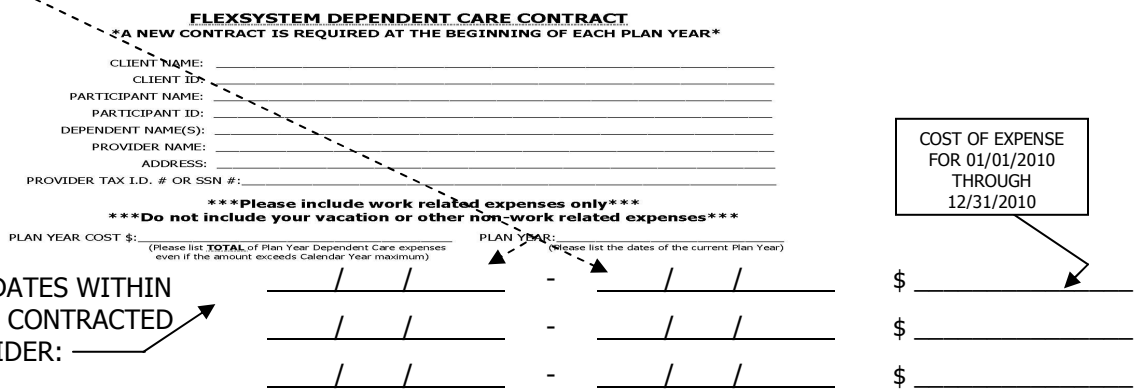
_____ _____

Employee Signature Date

TASC • Premium Service • PO Box 14629 • Madison, WI 53708-4629 • 1-800-422-4661 • Fax: 608-661-9602

FOR EXAMPLE PURPOSES ONLY

The Date of Service lines are not for month-to month amounts. These lines are to specify what dates **WITHIN** the Plan Year will be contracted with the noted provider. For example, if you are going to contract with your provider and the entire Plan Year with no breaks in expenses and/or changes of the contracted provider, and your Plan Year is from January 1, 2010 through December 31, 2010, you would write 01/01/2010 – 12/31/2010 on the first line and list the cost of the contracted expense next to the Date of Service. There would be no need to fill the remaining lines because the entire Plan Year is under contract.



PLEASE SPECIFY WHAT DATES WITHIN THE PLAN YEAR WILL BE CONTRACTED WITH THE NOTED PROVIDER:

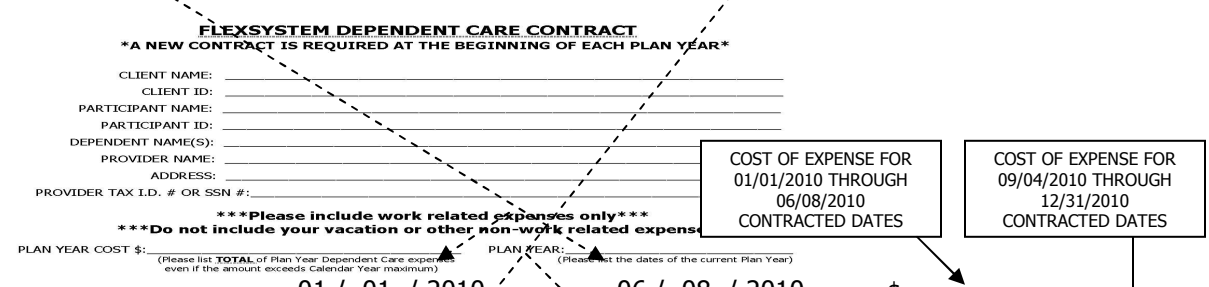
__/__/____ - __/__/____ $ _____

__/__/____ - __/__/____ $ _____

__/__/____ - __/__/____ $ _____

FOR EXAMPLE PURPOSES ONLY

If you are going to contract with your provider for only a part of the year, list the Date of Service that will be under contract with the noted provider. For example, if you will be contracting with your provider beginning of January 1, 2010, but you will only be incurring expenses with your contracted provider through June 8, 2010 because you have made other arrangements for day care during the summer, you would write 01/01/2010 – 6/08/2010 on the first line and list the cost of the contracted expense next to the Date of Service. If, after the summer vacation is over, you are planning on continuing service with the *same* provider beginning September 4, 2010 and you are planning to continue with contracted services through December 31, 2010, you would write 9/04/2010 – 12/31/2010 on the next line. You would then list the cost of the contracted expense for the 9/04/2010 – 12/31/2010 Dates of Services on the line next to the dates.



PLEASE SPECIFY WHAT DATES WITHIN THE PLAN YEAR WILL BE CONTRACTED WITH THE NOTED PROVIDER:

01 / 01 / 2010 - 06 / 08 / 2010 $ _____

09 / 04 / 2010 - 12 / 31 / 2010 $ _____

__/__/____ - __/__/____ $ _____

PLEASE REMEMBER THE FOLLOWING:

This contract, when signed, will cover your dependent care receipts (for the contract amount) for the CURRENT PLAN YEAR.

Whenever there is a change in your dependent care provider or rates, it is *your* responsibility to keep us informed of these changes and submit a new contract to TASC immediately.

If you have any questions about completing your Dependent Care Contract, please call our Customer Service Department at 1-800-422-4661 or Premium Service at 1-800-455-0293.