

MyFlex Dependent Care Information

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| Employer | Date: |
| Employee Name: | Employee ID# |
| Dependents for whom care will be provided: _____ | |
| The provider charges a set amount of \$ _____ per: ___ Week ___ Bi-weekly ___ Monthly ___ Hour ___ Other _____ | |
| Rates are effective for ____ / ____ / ____ to ____ / ____ / ____ | |
| Provider's Name | Tax ID# |
| Provider's Signature: | |

Once Health Choices has your **Dependent Care Information** sheet on file you will not need to continue submitting day care receipts.

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| <p>Some examples of ELIGIBLE expenses:</p> <ul style="list-style-type: none"> • Day Care Centers • Elder Care • Family Child Care • Day Camps • Preschool • After School Care • Nanny/Au Pair | <p>Some examples of INELIGIBLE expenses:</p> <ul style="list-style-type: none"> • Transportation fees • Meals • Overnight camps • Diapers • Educational expenses, including Kindergarten • Incidental fees, such as activity fees and field trips |
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